

The Health of Bradford

1957

THE ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN DOUGLAS, M.D., D.P.H.

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E. M. CLEGG	Home Help Organiser

Preface

The following report on the health of the city has been compiled along the lines laid down by the Ministry of Health.

The chief vital statistics for the year 1957 are:—

Estimated population	287,000
Birth rate	17·3 per thousand population
Death rate	13·8 per thousand population
Infantile Mortality rate	28·9 per thousand live births
Neo-natal Mortality rate	15·0 per thousand live births
Stillbirth rate	26·6 per thousand total births
Peri-natal Mortality rate	36·2 per thousand total births
Maternal Mortality rate	0·19 per thousand total births
Tuberculosis Mortality rate	0·09 per thousand population

Compared with 1956, the infantile mortality rate showed a fractional increase, although the neo-natal mortality rate had declined from 19·3 to 15·0. The maternal mortality rate at 0·19 was more than 80 per cent lower than ten years ago.

Two items of special interest are included in this Report. An account of the extensive outbreak of influenza in 1957 is given on page 26, and a copy of the report on the Jubilee of the School Health Service in Bradford is given on page 117.

JOHN DOUGLAS,

Medical Officer of Health and
Principal School Medical Officer

Section I

Social Circumstances and Vital Statistics

POPULATION

EMPLOYMENT

METEOROLOGY

VITAL STATISTICS

BIRTHS

DEATHS

STILLBIRTHS AND INFANTILE MORTALITY

MATERNAL MORTALITY

Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882 Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years, up to 1900, increased to 280,000. At times the population was increasing with such rapidity that it was impossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 in 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000 whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's and the Second World War. The census of 1931 returned the population as 298,000, and the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

The Registrar General's estimate of population since the 1951 census has been as follows:—

Year				Population
1952	..	..	..	288,000
1953	..	..	..	286,600
1954	..	..	..	286,500
1955	..	..	..	286,400
1956	..	..	..	286,400
1957	..	..	..	287,000

It is worthy of note that during the years 1953–1956, when the number of live births was 503, 349, 536 and 773 in excess of the number of deaths, the Register General estimated a yearly decrease in population of 100 persons, until last year, when the population was given at the same figure as in 1955. In 1957, live births were 916 in excess of the number of deaths.

Employment in Bradford

We are indebted to Mr. S. Duncalf, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:—

TABLE 1 *Estimated Numbers of Insured Employees aged 15 and over in the Bradford Employment Exchange Area in June 1957.*

Industry	Males	Females	Total
Agriculture	177	29	206
Mining and Quarrying	128	2	130
Bricks, Earthenware, Glass, etc.	276	41	317
Chemicals and Allied Trades	884	423	1,307
Metal Manufacture	1,327	138	1,465
Engineering and Electrical Goods	12,656	2,522	15,178
Vehicles, Parts, etc.	4,735	886	5,621
Other Metal Goods	1,631	342	1,973
Precision Instruments	83	40	123
Textiles	27,675	27,000	54,675
Leather, Fur	45	59	104
Clothing	645	2,674	3,319
Food, Drink, Tobacco	2,241	1,166	3,407
Wood, Furniture, etc.	1,678	374	2,052
Paper and Printing	2,216	1,934	4,150
Other Manufactures	117	75	192
Building and Civil Engineering	5,305	217	5,522
Gas, Electricity, Water	2,706	215	2,921
Transport and Communication	5,665	852	6,517
Distributive Trades	9,788	8,129	17,917
Insurance, Banking and Finance	1,805	1,316	3,121
National and Local Government	3,702	2,414	6,116
Professional Services	2,759	5,137	7,896
Miscellaneous Services	2,388	6,573	8,961
Ex-Servicemen (not allocated)	20	—	20
Total	90,652	62,558	153,210

(The figures are estimates based partly on the number of national insurance cards exchanged in the quarter beginning June 1957 and partly on returns rendered by employers of five or more workpeople showing the numbers of insurance cards held by them. Adjustments have been made, so far as information is available, in respect of cards held by employers relating to workers in other districts and *vice versa*.)

The table shows that there are 153,210 persons aged 15 and over in

employment in the city. The following table shows the equivalent number for the last seven years, with the percentage of the total population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Total Population, 1950-1957.*

				No. of Persons Employed	Percentage of Population
1950	..	..	..	145,937	49.6
1951	..	..	..	155,153	53.0
1952	..	..	..	147,154	51.0
1953	..	..	..	147,854	51.5
1954	..	..	..	149,332	52.1
1955	..	..	..	147,649	51.6
1956	..	..	..	152,426	52.8
1957	..	..	..	153,210	53.4

Meteorology

Bradford is situated in a bowl-shaped depression on the east side of the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. at Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1957 the average of the monthly mean temperatures was 48.6 deg.F, which is above the average for previous years.

Rainfall amounted to 33.26 inches. The driest month was April (0.25 inches), and the wettest month was August (5.15 inches). The average monthly rainfall was 2.77 inches, compared with the normal average of about 2.83 inches. The heaviest daily rainfall was recorded on 31st December, when 1.73 inches fell. This represented nearly one half of the total rainfall for that month.

There were 1,331 hours of bright sunshine, which is slightly above the average for a long period. The sunniest month was June with 300 hours. December, the month with the least sun, had only 18.5 hours. Maximum daily sunshine recorded in the year was on 17th June (15.1 hours).

During the year snow fell on 7 days and lay on the ground for a total period of 2 days. The heaviest fall occurred on 23rd February (3 inches), but the snow cleared two days later due to rain. Intermittent showers caused snow to lie on the ground for 1 day in February.

Fog was observed on 24 days during the year. March, with 5 days, was the worst month.

Vital Statistics

The following are the principal vital statistics for 1957, with comparable figures for 1956 and 1955:—

	1957	1956	1955
Estimated population	287,000	286,400	286,400
Comparability factors—(a) births	1.00	1.00	1.00
(b) deaths	0.98	0.95	0.97
Births (total live and still)	5,109	4,944	4,641
Births—Live	4,973	4,820	4,548
Still	136	124	93
Crude birth rate per 1,000 population	17.30	16.80	16.20
Birth rate as adjusted by factor	17.30	16.80	16.20
Deaths	4,057	4,047	4,012
Crude death rate per 1,000 population	14.10	14.10	14.01
Death rate as adjusted by factor	13.80	13.40	13.59
Infantile mortality rate per 1,000 live births ..	28.90	28.20	28.60
Neo-natal mortality rate per 1,000 live births ..	15.00	19.30	17.81
Still birth rate per 1,000 total births	26.60	25.08	20.04
Peri-natal mortality rate per 1,000 total births	36.20	41.70	35.50
Maternal mortality rate per 1,000 total births ..	0.19	0.41	0.43
Tuberculosis rates per 1,000 population—			
(a) primary notifications—Respiratory ..	0.79	0.85	0.89
Non-respiratory ..	0.07	0.07	0.09
(b) Deaths—Respiratory	0.08	0.09	0.10
Non-respiratory	0.01	0.01	0.01
Death rates per 1,000 population from—			
Cancer (all forms, including Leukaemia and			
Aleukaemia)	2.282	2.330	2.370
Cancer of lung, bronchus	0.453	0.464	0.454
Meningococcal Infections	0.007	0.007	0.010
Whooping Cough	0.000	0.000	0.000
Influenza	0.153	0.040	0.060
Measles	0.000	0.000	0.010
Acute poliomyelitis and encephalitis	0.014	0.000	0.010
Diarrhoea (under 2 years)	0.028	0.024	0.010
Diarrhoea (under 2 years) per 1,000 live births	1.605	1.450	0.660

Births

Births registered during the year numbered 5,109 (2,668 males and 2,441 females). The birth rate is 17.3 per thousand of the population, compared with 16.8 in 1956.

In Bradford the birth rate reached an average of 31 in 1881–85. Its movement since that time is shown in the following table:—

TABLE 3 *Birth Rates, Bradford, 1881-1957*

Period	Rate
1881-85	31.1
1886-90	29.8
1891-95	27.5
1895-1900	25.1
1901-05	22.6
1906-10	20.1
1911-15	19.0
1916-20	15.4
1921-25	17.9
1926-30	15.2
1931-35	13.5
1936-40	13.1
1941-45	14.5
1946	19.3
1947	22.2
1948	18.8
1949	17.3
1950	16.7
1951	16.4
1952	15.9
1953	15.9
1954	16.4
1955	16.2
1956	16.8
1957	17.3

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives the same rate of 17.3 per thousand population.

Of the 4,973 live births registered, 342 or 6.9 per cent were illegitimate. This rate has ranged from a minimum of 4.3 per cent in 1906 to a maximum of 10.8 per cent in 1945.

Deaths

There were 4,057 deaths (2,010 males and 2,047 females) during the year, giving a crude mortality rate of 14.1 per thousand population. Adjustment of the figure by the area comparability factor gives a rate of 13.8. The provisional rate for the country as a whole is 11.5.

The following table shows the crude death rate in Bradford in the period 1886-1957:—

TABLE 4

Period	Rate
1886-90	20.9
1891-95	19.7
1896-1900	17.9
1901-05	16.3
1906-10	15.1
1911-15	15.5
1916-20	16.0
1921-25	14.1
1926-30	14.2
1931-35	14.1
1936-40	14.7
1941-45	14.2
1946	14.4
1947	14.7
1948	13.4
1949	14.5
1950	14.2
1951	15.4
1952	13.7
1953	14.2
1954	14.8
1955	14.0
1956	14.1
1957	14.1

The Bradford rate is usually about 2.0 per thousand higher than the rate for the country as a whole.

The following table shows the distribution of deaths by separate age groups for the past seven years.

TABLE 5 *Deaths by Separate Age Groups, Bradford, 1950-1957*

Age	1950	1951	1952	1953	1954	1955	1956	1957
0-1 ..	185	208	152	169	141	130	135	144
1-5 ..	46	33	29	24	19	12	13	27
5-15 ..	25	17	18	21	13	17	22	18
15-25 ..	42	33	20	23	22	25	22	28
25-45 ..	205	189	156	174	142	157	181	161
45-65 ..	1,031	1,070	938	966	957	880	959	1,007
65-75 ..	1,181	1,244	1,087	1,108	1,197	1,157	1,115	1,146
Over 75 ..	1,458	1,662	1,307	1,574	1,745	1,634	1,600	1,526

Table 6 shows the causes of death at different periods of life during 1957.

Disease	Age Groups (both sexes)										Over 75	Total Males	Total Females	Total Total	
	0-1	1-5	5-15	15-25	25-45	45-65	65-75								

1. Tuberculosis, respiratory
2. Tuberculosis, other
3. Syphilitic disease
4. Diphtheria
5. Whooping cough
6. Meningococcal infections
7. Acute poliomyelitis
8. Measles
9. Other infective and parasitic diseases
10. Malignant neoplasm, stomach
11. do. lung, bronchus
12. do. breast
13. do. uterus
14. Other malignant and lymphatic neoplasms
15. Leukaemia, aleukaemia
16. Diabetes
17. Vascular lesions of nervous system
18. Coronary disease; angina..
19. Hypertension with heart disease..
20. Other heart disease
21. Other circulatory disease..
22. Influenza
23. Pneumonia

TABLE 6 Causes of Death at Different Periods of Life, 1957—continued

TABLE 6 Causes of Death at Different Periods of Life, 1901.—continued													
Disease	AGE GROUPS (both sexes)								Over 75	Total Males	Total Females	Total	
	0-1	1-5	5-15	15-25	25-45	45-65	65-75						
24. Bronchitis	1	—	—	—	2	62	108	83	190	66	256		
25. Other diseases of respiratory system ..	1	1	1	1	3	7	10	11	25	10	35		
26. Ulcer of stomach and duodenum ..	—	—	—	—	3	10	12	9	26	8	34		
27. Gastritis, enteritis and diarrhoea ..	8	—	—	—	1	3	4	6	8	14	22		
28. Nephritis and nephrosis	—	1	—	2	7	8	7	9	17	17	34		
29. Hyperplasia of prostate	—	—	—	—	—	1	10	13	24	—	24		
30. Pregnancy, childbirth, abortion ..	—	—	—	—	1	—	—	—	—	1	1		
31. Congenital malformations	21	3	1	1	—	5	1	—	18	14	32		
32. Other defined and ill-defined diseases ..	72	1	5	3	16	58	48	82	115	170	285		
33. Motor vehicle accidents	—	3	1	5	9	9	7	4	27	11	38		
34. All other accidents	6	4	1	3	7	18	15	35	38	51	89		
35. Suicide	—	—	—	—	6	12	6	1	18	7	25		
36. Homicide and operations of war..	—	—	—	—	—	1	—	—	1	—	1		
Totals ..	144	27	18	28	161	1,007	1,146	1,526	2,010	2,047	4,057		

The following table shows the relative frequency of the principal causes of death during 1957, with the comparative frequencies for 1956:—

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1957*

Cause of Death	Number	% of total deaths	
		1957	1956
Heart disease	1,391	34.29	34.37
Cancer	655	16.15	16.53
Vascular lesions of nervous system ..	537	13.23	12.84
Pneumonia	368	9.08	8.40
Bronchitis	256	6.32	6.57
Violence	153	3.77	4.22
Other circulatory diseases	110	2.71	3.11
Influenza	44	1.08	0.34
Other diseases of respiratory system ..	35	0.86	0.69
Ulcer of stomach and duodenum ..	34	0.83	1.01
Nephritis and nephrosis	34	0.83	0.61
Congenital malformations	32	0.80	0.66
Tuberculosis	26	0.64	0.71
Diabetes	24	0.60	0.32
Other defined and ill-defined diseases ..	285	7.02	8.03

The remaining 1.79 per cent of deaths are attributed to the causes numbered 3-9 inclusive; 27, 29 and 30 in Table 6.

Causes of death responsible for greater and smaller percentages of total deaths than in 1956 are as follows:—

Greater	Smaller
Vascular lesions of nervous system	Heart disease
Pneumonia	Cancer
Influenza	Bronchitis
Other diseases of respiratory system	Violence
Nephritis and nephrosis	Other circulatory diseases
Congenital malformations	Ulcer of stomach and duodenum
Diabetes	Tuberculosis
	Other defined and ill-defined diseases

The number of deaths from tuberculosis and from the common infectious diseases of childhood continues to fall. Deaths from the communicable diseases generally, however, have risen during the last few years, due almost entirely to increased mortality from pneumonia. Table 11 shows such increase. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and almost 64 per cent of deaths were due to these diseases.

Heart Disease

Deaths from coronary disease and angina pectoris during the last eight years have been as follows:—

TABLE 8

Year	Number
1950	528
1951	542
1952	556
1953	510
1954	614
1955	628
1956	712
1957	677

Cancer, Malignant Neoplasms (including leukaemia and aleukaemia)

There were 655 deaths; a number which differs little from the numbers reported in the last ten years.

The following table shows the increase in the incidence of death from cancer of the lung and bronchus:—

TABLE 9

Year	Number	Males	Females
1932	18		
1936	36		
1940	42		
1949	82		
1950	94		
1951	106	88	18
1952	94	74	20
1953	104	91	13
1954	103	89	14
1955	130	110	20
1956	133	116	17
1957	130	120	10

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 537 deaths (237 males and 300 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1947–1957:—

TABLE 10

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Males	179	196	240	236	229	240	241	260	216	207	237
Females	271	221	287	334	341	301	336	366	325	313	300
Total	450	417	527	570	570	541	577	626	541	520	537

There has been no significant alteration in the death rate from intracranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1947-1957:—

TABLE 11

Pneumonia

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Males ..	109	93	100	70	112	76	110	96	144	154	160
Females	74	80	104	76	97	53	90	108	120	186	208
Total ..	183	173	204	146	209	129	200	204	264	340	368

Bronchitis

Males ..	199	142	167	177	209	92	197	189	186	186	190
Females	115	99	96	90	130	51	98	107	86	80	66
Total ..	314	241	263	267	339	143	295	296	272	266	256

In the past ten years there has been no significant alteration in the death rate from bronchitis. In the period 1954-1957 pneumonia has been responsible for 4·8, 6·6, 8·4 and 9·1 per cent of total deaths, respectively.

Violence

Deaths from violence numbered 153. Suicide accounted for 25, motor vehicle accidents 38, and other accidents, etc., 90.

Tuberculosis

There were 23 deaths from respiratory tuberculosis giving a crude death rate of 0·08, and 3 deaths from other forms of tuberculosis, giving a crude death rate of 0·01 per thousand population.

The crude death rate from all forms of tuberculosis was 0·09.

The following table shows the number of deaths from all forms of tuberculosis and the mortality rate per thousand population for Bradford in the period 1947-1957:—

TABLE 12

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Deaths ..	148	141	141	109	105	73	50	38	32	29	26
Rate ..	0·51	0·49	0·48	0·37	0·36	0·26	0·17	0·13	0·11	0·10	0·09

The following table shows the number of deaths from pulmonary tuberculosis and the mortality rate per thousand population for Bradford in the same period.

TABLE 13

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Deaths ..	121	121	119	92	86	61	40	32	29	26	23
Rate ..	0.42	0.42	0.41	0.31	0.28	0.23	0.14	0.11	0.10	0.09	0.08

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notification of respiratory tuberculosis during 1957 numbered 226, a notification rate of 0.79 per thousand population. The number for non-respiratory was 19 and the rate 0.07.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the general preponderance of deaths among males in the diseases of the respiratory tract:—

Disease	Deaths	
	Males	Females
Respiratory tuberculosis	17	6
Malignant neoplasm, lung, etc.	120	10
Bronchitis	190	66
Other diseases of respiratory system (excluding influenza and pneumonia)	25	10
	<hr/> 352 <hr/>	<hr/> 92 <hr/>

During 1957 the ratio of males to females in the total deaths was 1 : 1.02 whilst the ratio in diseases of the respiratory tract was 1 : 0.26.

Stillbirths and Infantile Mortality

There were 136 stillbirths—a rate of 26.6 per thousand total births, compared with the 25.08 of 1956. The rate for England and Wales is 22.9.

The illegitimate stillbirths numbered 15, giving a rate of 2.9 per thousand total births, and representing 11.0 per cent of all stillbirths.

Infantile Mortality

In Bradford during 1957 there were 144 deaths of children under one year of age, giving an infantile mortality rate of 28.9 per thousand live births. This rate is 0.7 higher than the rate for 1956.

TABLE 15 Analysis of Infant Deaths, 1952-1957 (according to Departmental records)

Cause of Death	AGE AT DEATH						Cause of Death					
	1952	1953	1954	1955	1956	1957						
Prematurity	31	22	21	23	16	10	Under 1 day	1	-	-	1	-
	15	17	10	6	16	11	Under 1 week	4	6	1	5	3
	2	3	2	1	2	-	1-2 weeks	3	3	3	2	3
	-	-	-	-	-	-	2-3 weeks	-	3	2	1	1
	-	-	-	-	-	-	3-4 weeks	4	3	3	1	1
	48	42	33	30	34	21	Total under 1 month	12	15	9	5	11
	2	-	1	-	-	-	1-3 months	19	14	9	4	12
	-	-	-	-	1	-	3-6 months	10	15	13	7	23
	-	-	-	-	-	-	6-9 months	10	8	7	8	6
	-	-	1	-	-	-	9-12 months	4	6	3	4	4
Congenital Malformations	50	42	35	30	35	21	Total under 1 year	55	58	41	28	39
	32.05	25.77	23.97	23.62	26.12	15.33	% of total infant deaths	35.26	35.58	28.08	22.05	29.10
	10.87	9.21	7.53	6.65	7.34	4.26	Rate per 1000 live births	11.96	12.71	8.82	6.20	8.18
	4	6	2	7	4	2	Under 1 day	-	-	-	-	-
	2	3	11	8	3	3	Under 1 week	-	-	-	-	-
	2	2	2	1	2	1	1-2 weeks	-	-	-	-	-
	3	2	3	1	-	1	2-3 weeks	-	-	-	-	-
	-	-	1	1	2	1	3-4 weeks	-	-	-	-	-
	11	13	19	18	11	8	Total under 1 month	-	-	-	-	-
	3	2	5	4	2	5	1-3 months	4	2	3	5	3
Birth Injuries and Atelectasi	1	1	3	4	2	2	3-6 months	1	2	3	6	2
	1	-	-	1	1	1	6-9 months	-	-	-	-	2
	-	1	2	-	1	1	9-12 months	2	-	-	2	-
	16	17	29	27	17	17	Total under 1 year	7	4	6	13	3
	10.26	10.43	19.87	21.26	12.69	12.41	% of total infant deaths	4.48	2.45	4.11	10.24	2.24
	3.48	3.73	6.24	5.93	3.57	3.45	Rate per 1000 live births	1.52	0.88	1.29	2.88	0.63
	10	15	14	11	11	18	Under 1 day	1	3	3	3	1
	7	17	10	9	15	15	Under 1 week	4	1	3	2	5
	-	-	-	-	1	-	1-2 weeks	1	-	-	-	-
	-	-	-	-	2	-	2-3 weeks	-	1	1	-	3
Other Causes	-	-	-	-	-	-	3-4 weeks	-	-	-	1	1
	17	32	24	20	29	33	Total under 1 month	6	5	7	5	7
	2	-	-	-	-	-	1-3 months	1	3	4	3	4
	-	-	-	-	1	-	3-6 months	-	1	-	1	2
	-	-	-	-	-	1	6-9 months	1	1	-	1	1
	-	-	-	-	-	-	9-12 months	1	-	-	1	-
	19	32	24	20	30	34	Total under 1 year	9	10	11	9	11
	12.18	19.63	16.44	15.75	22.39	24.82	% of total infant deaths	5.77	6.14	7.53	7.46	8.03
	4.13	7.01	5.16	4.43	6.29	6.90	Rate per 1000 live births	1.95	2.19	2.36	2.10	2.23
	85	91	88	77	82	72	Total under 1 year	71	72	58	50	52

The rate for England and Wales is 23·0.

The following table shows the rates for Bradford in the period 1947-1957:—

TABLE 14

Year ..	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Rate ..	60	43	37	38	43	33	37	31	28	28	28

The rate for the country as a whole has shown a steady decrease for many years. The Bradford rate has shown a marked decrease over the years, but with periodical sharp increases from one year to another.

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 15·0.

Table 15 gives an analysis of infant deaths in the period 1952-1957.

Table 16 shows net deaths of infants from stated causes in the period 1954-1957.

TABLE 16

International
List No.

Cause of Death		1954	1955	1956	1957
A3	Tuberculosis of intestines, peritoneum and mesenteric glands	—	1	—	—
A20	Septicaemia	1	—	—	—
A23	Meningococcal infections	—	1	2	—
A29	Acute infectious encephalitis	1	—	—	—
A32	Measles	—	1	—	—
A51	Malignant neoplasm (breast)	—	—	1	—
A57	Malignant neoplasm (unspecified site)	—	—	1	—
A65	Anaemia	—	—	—	1
A66	Allergic disorders	—	—	1	1
A69	Mental deficiency	—	—	—	1
A71	Non-meningococcal meningitis	2	—	—	—
A78	All other diseases of nervous system and sense organs	—	1	—	—
A88	Influenza	1	—	1	—
A90	Bronchopneumonia	19	16	17	33
A91	Unspecified pneumonia	1	—	—	—
A92	Acute bronchitis	2	—	1	1
A95	Empyema and lung abscess	—	1	—	—
A103	Intestinal hernia and obstruction	—	—	—	1
A104	Gastro-enteritis and colitis over 1 month	5	1	5	6
A107	Other diseases of the digestive system	—	—	2	2
A108	Acute nephritis	—	1	—	—
A110	Infections of the kidney	—	—	—	1
A126	Skin diseases	—	—	—	1
A127	Spinabifida and meningocele	7	2	3	3
A128	Congenital malformations of the circulatory system	12	12	9	6
A129	Other congenital malformations	10	13	5	7
A130	Birth injuries	9	14	12	15
A131	Post-natal asphyxia and atelectasis	15	6	18	19
A132	Infections of the newborn	9	5	11	7
A133	Haemolytic disease of the newborn	6	5	6	2
A134	All other defined diseases of early infancy	4	3	—	1
A135	Ill-defined diseases of early infancy and immaturity	35	30	35	21
A137	Ill-defined and unknown causes of mortality	1	1	1	3
AE138	Motor vehicle accidents	—	1	—	—
AE141	Accidental falls	—	—	—	1
AE147	Other accidental causes of death, overlaying, etc.	6	12	3	4
		146	127	134	137

Maternal Mortality

There has been a most gratifying diminution in the number of deaths due to child birth. The rate per thousand total births in 1957 is 0.19, compared with the rate for England and Wales of 0.47.

The following table shows the rate for Bradford in the period 1947–1957:—

TABLE 17

Year ..	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Rate ..	1.07	0.88	1.35	1.40	1.23	0.84	0.21	0.42	0.43	0.41	0.19

Section 2

Infectious and Other Diseases

NOTIFIABLE AND OTHER DISEASES

DIPHTHERIA

WHOOPING COUGH

ACUTE ANTERIOR POLIOMYELITIS

SCARLET FEVER

MEASLES

MENINGOCOCCAL INFECTION

ACUTE ENCEPHALITIS

PUERPERAL PYREXIA

OPHTHALMIA NEONATORUM

PEMPHIGUS

ERYSIPELAS

BACILLARY DYSENTERY

INFECTIVE ENTERITIS

FOOD POISONING

SALMONELLOSIS

PARATYPHOID FEVER

PNEUMONIA

INFLUENZA

TUBERCULOSIS

BRADFORD CHEST CLINIC

VACCINATION AND IMMUNISATION

VENEREAL DISEASES

TABLE 1 *Number of Notifications of Infectious Diseases, 1937-57*

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Scarlet Fever ..	867	896	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626	872	514	332	354	243
Measles ..	1,682	4,724	742	3,760	1,734	5,328	803	551	4,449	64	4,808	1,027	3,406	3,018	3,771	3,401	2,822	887	5,414	232	5,636
Whooping Cough ..	1,184	1,713	193	491	1,958	1,348	781	494	682	942	631	1,404	347	1,623	1,273	634	1,564	617	324	1,167	515
Poliomyelitis ..	—	—	1	2	—	2	—	4	—	3	86	8	29	52	12	13	15	8	40	8	28
Meningococcal Infection	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4	1	7	—	11	3
Enteric Fever ..	9	4	28	26	13	8	2	2	3	8	4	—	—	—	110	2	—	3	—	8	2
Dysentery ..	35	33	72	129	102	213	86	76	101	61	16	138	—	574	322	175	626	637	212	485	812
Infective Enteritis ..	41	22	41	5	11	13	2	2	252	98	250	212	167	445	372	253	550	1,022	1,029	1,147	1,465
Puerperal Pyrexia ..	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20	24	23	45	27	26
Ophthalmia Neonatorum	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9	3	9	7	9	6
Pemphigus ..	—	—	1	18	6	3	—	8	—	—	—	—	—	—	2	3	8	2	—	—	1
Erysipelas ..	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97	91	78	50	63	57
Pulmonary Tuberculosis..	253	104	237	161	167	195	182	150	165	170	168	207	276	149	230	280	305	252	254	244	226
Non-Pulmonary Tuberculosis	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53	54	31	25	22	24
Pneumonia ..	514	428	342	382	490	506	430	195	251	241	289	338	445	399	494	407	476	464	382	449	545
Diphtheria ..	872	631	353	246	317	361	588	717	441	144	37	15	19	—	1	—	—	—	—	8	—

Infectious and Other Diseases

W. EDGAR, M.B., CH.B., D.P.H., D.C.H.

Deputy Medical Officer of Health

The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, infective enteritis, malaria, measles, membranous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 26 of the Food and Drugs Act, 1955.

The number of notifications of infectious diseases received in the period 1937-57 are shown in Table 1, and the age distribution of cases of infectious disease notified during the year is shown in Table 4 of the Appendix.

Total notifications of infectious diseases were 9,815 compared with 4,577 in 1956. This large increase was almost entirely due to an epidemic of measles—5,636 compared with 232 the previous year.

It will be seen from Table 1 that apart from the years 1949-53 there has been a fairly regular periodicity in the notifications of measles.

Two cases of leprosy were notified during the year.

Diphtheria

Cases 0. Deaths 0.

There were no cases of diphtheria notified during the year.

Whooping Cough

Cases 515. Deaths 0.

Cases of Whooping Cough Month by Month

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	68	59	55	43	56	77	42	39	19	10	31	16

Notifications of whooping cough fell from 1,167 to 515 and in general the disease was mild and there were no deaths. Although pertussis vaccination is freely available to infants attending Child Welfare Centres and numerous general practitioners undertake combined vaccination against pertussis and diphtheria, it will require some considerable time for a sufficient number of young children to be protected against this disease before any notable reduction in the incidence can be expected. Infant children successfully vaccinated can, however, expect substantial protection during their early years—a time when the disease itself and its complications can be dangerous and even fatal. Pertussis vaccination is carried out in the Child Welfare Centres when a baby reaches three months of age.

Acute Anterior Poliomyelitis

Cases 28. Deaths 4.

Cases of Poliomyelitis Month by Month

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Paralytic ..	—	—	—	—	—	1	2	—	4	2	1	10
Non-Paralytic	—	—	—	—	—	1	1	2	1	1	2	—
Total ..	—	—	—	—	—	2	3	2	5	3	3	10

Notifications of this disease in Bradford have varied considerably since 1947 when the first and largest epidemic occurred in the city and it is not possible to state what is the normal incidence in any particular year.

299 cases have been notified since 1947 giving an average incidence per year of 27 notified cases. The incidence during 1957 might, therefore, be described as “average”, although this would be most misleading since all but two cases occurred during the second six months, 21 occurred during the last four months and ten during the month of December. This shows a seasonal incidence very different from that normally associated with this disease, viz., late summer and early autumn.

Scarlet Fever

Cases 243. Deaths 0.

There were 243 cases notified during the year compared with 354 in 1956. The disease of scarlet fever today bears little resemblance to the disease of twenty years ago. It was not only highly infectious but a very dangerous disease on account of the many and serious complications which accompanied it. It is now rare for children with this disease to be admitted to hospital on other than social grounds.

Measles

Cases 5,636. Deaths 0.

The number of cases of measles compares unfavourably with the 232 cases notified in 1956 but approximates to the 5,414 cases notified in 1955. There were no deaths.

Meningococcal Infection

Cases 3. Deaths 2.

This is a disease whose incidence has fallen considerably in recent years. During the ten years from 1948-57 only 62 cases were notified compared with 380 cases during the previous ten years. The disease itself, unlike scarlet fever, has remained serious, although the prognosis has improved with the introduction of modern drugs, and provided the disease is recognised early and is not of the fulminating variety, complete recovery is the rule.

Acute Encephalitis

Cases 1. Deaths 0.

Only one case of infective encephalitis was notified. It is probable that with continued advances in modern laboratory techniques in the field of virology, more and more cases of encephalitis at present of unknown origin will eventually be identified by the laboratory as due to a specific virus.

Puerperal Pyrexia

Cases 26. Deaths 0.

There were 26 cases notified compared with 27 in 1956.

In every case of puerperal pyrexia occurring in a mother delivered at home an Inquiry Form is completed by the midwife and the report submitted to the Medical Officer of Health.

Ophthalmia Neonatorum

Cases 6. Deaths 0.

This is also a disease whose incidence has not only diminished markedly in recent years but the disease itself seldom occurs in the form known and feared 20 years ago. In the five years 1953-57, 34 cases were notified compared with 82 cases in the preceding five years.

Pemphigus

Cases 1. Deaths 0.

Erysipelas

Cases 57. Deaths 0.

There were 57 cases notified compared with 63 cases in 1956. This disease is caused by the same germ as causes scarlet fever but gains access to the body through an abrasion in the skin instead of the throat. This disease is also less common than it used to be. 339 cases were notified in the five years 1953-57, compared with 773 cases in the five years 1938-42.

Bacillary Dysentery

Sonne Dysentery

Cases 812. Deaths 0.

There were 812 cases notified and discovered, compared with 485 in 1956. Efforts to control the spread of infection, both in the community and in day nurseries and schools, continued along the lines described in previous reports.

Cases of Sonne Dysentery Month by Month

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	51	58	126	226	70	88	54	16	10	15	56	42

Infective Enteritis

Cases 1,465. Deaths 22.

The incidence of known non-specific enteritis shows an increase from the previous three years but reached the highest total yet notified in any one year. This increasing incidence of intestinal infection in recent years, of which this disease is but one example, emphasises that improvement in health in this field and control of the diseases in this group are increasingly dependent upon the activity and co-operation of individual

citizens and not so much on the direct activities of the Health Department. Food-borne infections cannot be eliminated without the active co-operation of individual food handlers. The responsibility of the Health Department is to give as many individuals as possible an intelligent appreciation of how these diseases are spread and persuade them to adjust faulty patterns of living. The greatest incidence of this particular disease is amongst children under five years.

Food Poisoning

Cases 147. Deaths 1.

Summary of Details, 1957

Food Poisoning Notifications returned to the Registrar General

1st Quarter	..	..	125
2nd Quarter	..	..	16
3rd Quarter	..	..	6
4th Quarter	..	..	—
Total cases			147

Outbreaks due to Identified Agents

Total outbreaks—3

Total cases—147

Outbreaks due to

(a) Chemical poisons	..	..	..	Nil
(b) Salmonella organisms	..	..	..	Nil
(c) Staphylococci (including toxin)	..	..	..	Nil
(d) C.I. botulinum	..	..	..	Nil
(e) Cl. welchii	..	..	..	3
(f) Other bacteria	..	..	..	Nil

Outbreaks of Undiscovered Cause

Total outbreaks—Nil

Total cases—Nil

Single Cases

Number—Nil

The three outbreaks, due to Cl. welchii, occurred in

- (i) a welfare hospital for the aged
- (ii) a works canteen
- (iii) a factory (from food supplied by a café)

Salmonellosis

Cases 81. Deaths 0.

These cases were discovered during routine swabbing of contacts of cases notified as dysentery or enteritis. The following strains were isolated:

Salmonella typhimurium	..	No.	71
„ bovis morbificans	..	7	
„ reading	..	1	
„ panama	..	1	
„ thomson	..	1	

Although it was not possible in any of these cases to firmly establish food as a vehicle of infection, routine investigation of specimens of liver, spleen and kidney from pigs after slaughter at the public abattoir continued as in previous years and showed marked associations between the isolation of particular salmonellae from the pigs at the time of slaughter and their subsequent appearance in the population. Failure to isolate from the specimens supplied from the abattoir coincided with periods of freedom from the disease in the population.

Paratyphoid Fever

Cases 2. Deaths 0.

An investigation into the two cases failed to reveal the source of infection.

Pneumonia

Cases 545. Deaths 368.

There were 96 more notifications of pneumonia and only 28 more deaths from all forms of pneumonia during 1957 than during the previous year, despite the epidemic of influenza which occurred during the late summer months.

Influenza

Deaths 44.

Deaths from Influenza, 1944-1957.

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Deaths	29	38	41	20	6	76	23	94	12	31	27	17	14	44

Influenza in Bradford, 1957

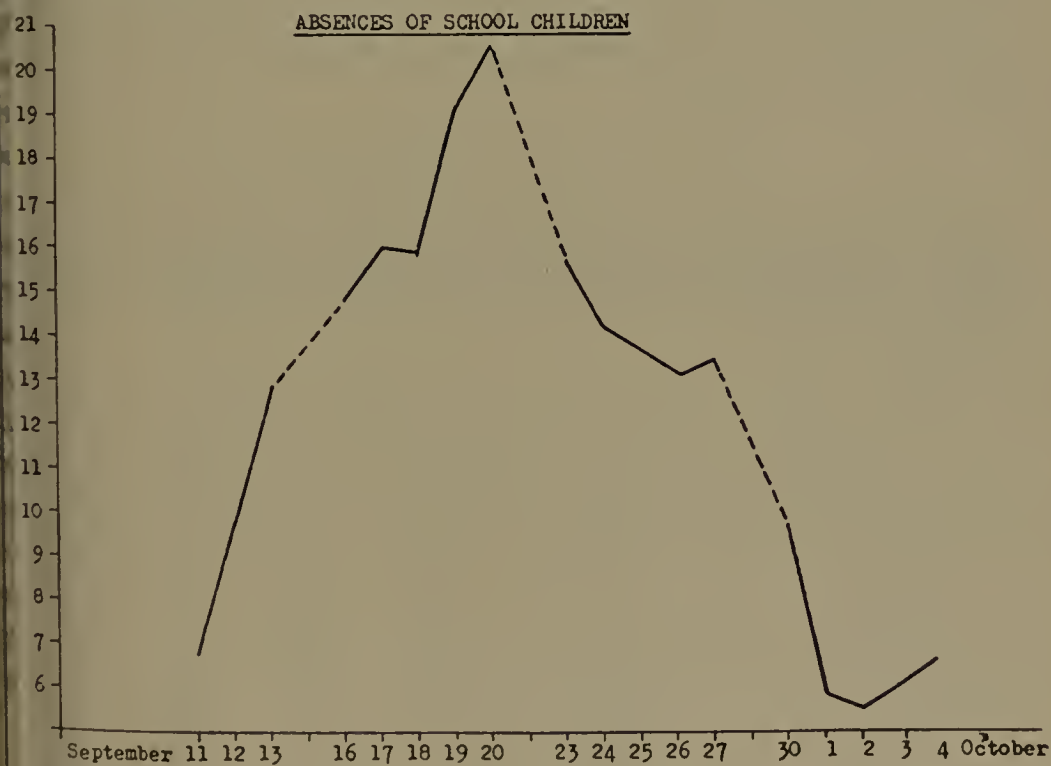
Extensive outbreaks of influenza were reported from far eastern countries during the spring of 1957. Its arrival and spread in Bradford during the late summer are described below.

During the last week in July reports from certain practitioners indicated that the first cases of influenza were being encountered in Bradford. At that time the major incidence appeared to be amongst the Pakistani members of the community who were entering Bradford at the rate of five or six per week. In the majority of cases the illness appeared to be mild and the early spread amongst this section of the community was probably assisted by the crowded conditions in which they were known to be living. Not until late August, however, did it become apparent that we might be faced with an epidemic in Bradford. Influenza is not a notifiable disease, and in order to assess its spread in the city the following indices were used:

1. Absences of school children.
2. Ministry of Pensions and National Insurance weekly new claims for sickness benefit.
3. Absences from (i) transport department; (ii) industrial undertakings; (iii) hospitals.
4. Notifications of pneumonia and mortality from influenza, pneumonia and broncho pneumonia.

2. Incidence Amongst School Children

On the 2nd September the authority's schools reopened after the summer holidays and during the first week of term there was no indication of undue absence of children from school. On Monday, 9th September, however, individual inquiries from head teachers indicated that some schools were experiencing large numbers of absentees on account of influenza. At this stage head teachers were instructed to exclude all children showing signs of influenza and that every effort should be made to impress on parents the dangers of allowing children suffering from colds and 'flu to attend school. In addition daily returns of absentees were requested from all schools. These are shown on the following graph:



The number of children on roll is approximately 44,000, and the teaching staff numbers 1,350. Normal absences of children at this time of the year are 1,500 to 2,000. In view of the advice given to head

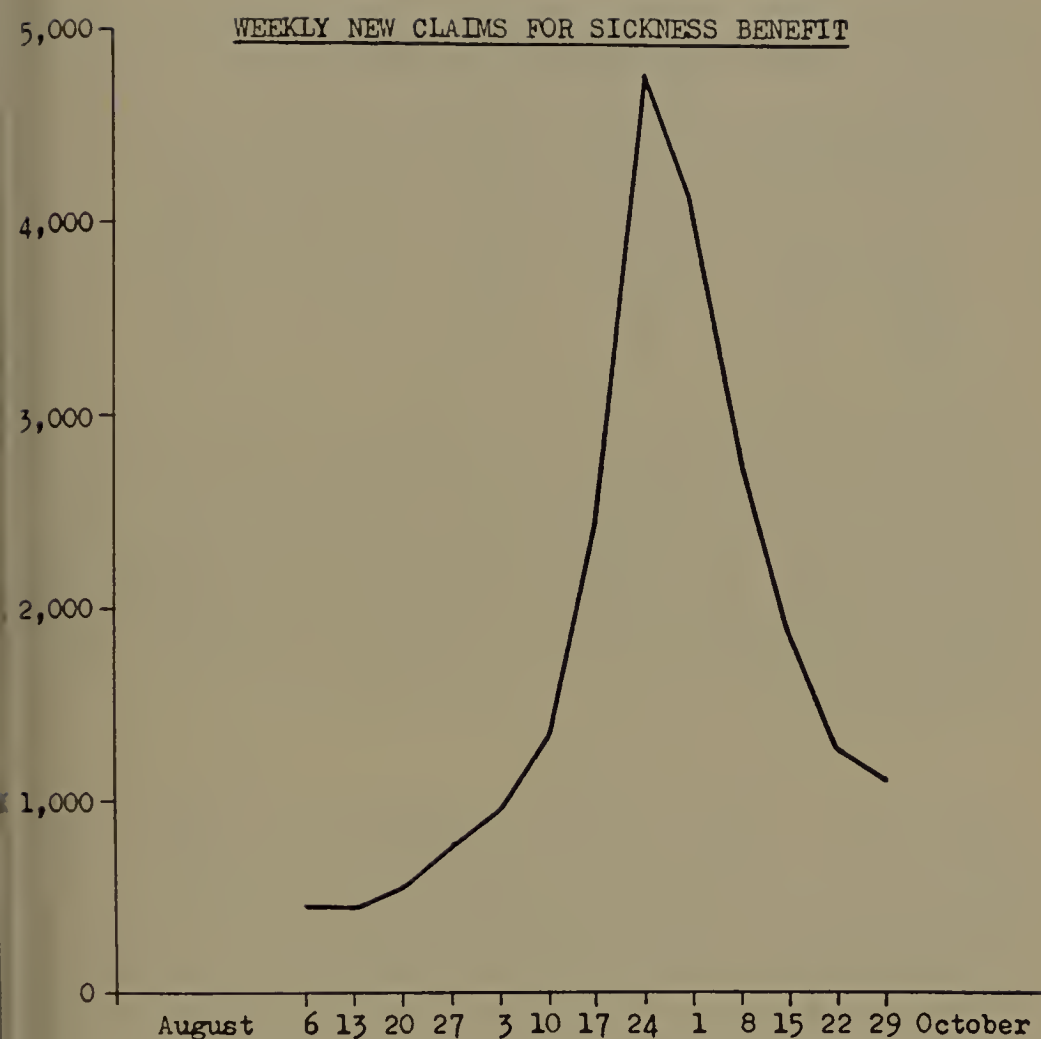
teachers and the fact that parents may have erred on the safe side by excluding their children from school, one cannot accept these figures as the true incidence of influenza in the school population, indeed when the absences of the children are compared with those of the teaching staff, who were presumably exposed to comparable risk, the difference is significant. At the height of the outbreak in the schools, as judged by these figures, 47% of children were absent compared with only 17·2% of the staff. Absenteeism in the early stages was confined almost entirely to the children, the staff remaining unaffected until the 16th September. No school escaped, although at the height of the epidemic absenteeism varied from 20 to 60% in different departments. At no stage were schools in any particular area affected more than those in other areas.

School closure was not contemplated as a means of controlling the outbreak, indeed the public were advised that the children were together and under observation in school, but if the schools were closed the children would be roaming the streets, in the cinemas and other places and the spread would be worse with no means of controlling it. Where the ratio of pupils to staff exceeded 45 to 1, the schools were closed for a period of two days. Only in the case of two infant departments did it prove necessary to do so.

2. *Ministry of Pensions and National Insurance Sickness Returns*

New weekly claims for sickness benefit began to increase above the seasonal average during the last week in August and rose rapidly to reach a peak in the fourth week of September as shown by the following table and graph:

Week Ending	East	Division Central	South	Total Claims
6th August ..	248	141	89	478
13th " ..	207	166	104	477
20th " ..	260	170	135	565
27th " ..	349	251	195	795
3rd September	457	303	208	968
10th " ..	641	462	254	1,357
17th " ..	1,099	815	558	2,472
24th " ..	1,959	1,698	1,088	4,745
1st October ..	1,583	1,487	1,034	4,104
8th " ..	1,025	1,045	710	2,780
15th " ..	748	713	453	1,914
22nd " ..	509	464	315	1,288
29th " ..	386	449	279	1,114



It has been argued that claims for sickness benefit do not represent the actual incidence of disease so much as salary requirement, but even so it is not possible to determine from these returns the actual incidence of influenza amongst the wage earning population, since the spell of incapacity caused may have been in many cases less than the three days required for entitlement to sickness benefit and in addition no estimate is available of the population at risk. The above table shows that during the months of August and September 20,742 new claims were received and that the claims in the three areas east, central, south, started to rise and reached their maximum simultaneously during the weeks ending 24th September and 1st October.

3. (i) *City Transport Department*

The staff of the Transport Department numbers 1,850 and the normal

absenteeism at this time of the year is 50 to 60 persons. The number of absentees during September and October were as follows:

Week ending	Road Staff	Maintenance Staff	Other Staff	Total
7th September	43	3	3	49
14th ,,	109	16	11	136
21st ,,	254	36	13	303
28th ,,	275	64	15	354
5th October	170	65	10	245
12th ,,	107	42	10	159
19th ,,	61	31	7	99
26th ,,	40	14	6	60

The maximum incidence occurred during the weeks ending 21st September and 28th September, i.e., slightly later than that shown in the schools and coinciding with the maximum claims for sickness benefit. The maximum incidence among the staff of the department was in the road staff who obviously had greater contact with the public and school children than the other staff. This involvement of the road staff lead to considerable interference with the normal services provided by the department.

3. (ii) *Industrial Undertakings*

Five inquiries from industrial undertakings concerning unusual incidence or severity of the disease amongst the employees were received during the period of the epidemic. Each factory was visited by a Medical Officer and the management advised about the exclusion of suspected cases, supervision of adequate ventilation and avoidance of overcrowding. In none of the factories seeking advice from this department was the spread of infection sufficient to interfere to any degree with normal production. There was no evidence of large scale interference in private industrial concerns.

3. (iii) *Hospitals*

By the end of September, when the epidemic in the city was at its height, only one hospital (The Royal Eye and Ear Hospital) had experienced sickness amongst members of the staff sufficient to interrupt normal hospital routine. On the 19th September, 17 out of a staff of 64 were off sick, and outpatient clinics and operation sessions had to be reduced and restrictions placed on non-emergency admissions. At none of the other hospitals in the city was the staff affected to an extent sufficient to cause interference with normal hospital work, although the medical wards at the two general hospitals were full of patients with pneumonia.

4. (a) *Notifications of Pneumonia*

Pneumonia is a notifiable disease and also a recognised complication of influenza particularly at the extremes of life. The notifications of this disease during the period of the epidemic serve to illustrate the occurrence of pneumonia as a complication and also the ages at which it was most prevalent. The notifications were as follows:

Week ending	0-5y	6-15y	16-25y	26-35y	36-45y	46-55y	56-65y	over 65y	N.K.	Total
7th September	1	—	—	1	1	—	—	—	1	4
14th "	2	—	1	1	2	—	2	—	—	8
21st "	2	5	11	6	1	1	8	2	—	42
28th "	5	7	2	7	8	3	8	3	3	46
5th October	1	1	2	5	4	4	5	2	2	26
12th "	3	1	2	3	2	3	3	5	—	22
19th "	1	3	3	4	3	3	5	4	—	26
26th "	4	1	1	1	1	3	1	3	1	16

Although it has been accepted that the older people were to some degree spared from infection, the table demonstrates that the incidence of pneumonia as a complication was fairly well distributed throughout the various age groups, and that those over 65 years of age were not exempt. 190 cases of pneumonia were notified during the two months compared with 47 during the same two months in 1956.

4. (b) *Mortality*

The following table records the number of deaths from influenza, pneumonia and broncho-pneumonia during the months of September and October. Influenza is not usually a fatal disease, death occurring principally from complications, e.g., pneumonia and broncho-pneumonia which fail to respond to modern drugs. There is little doubt that influenza itself in a fulminating form was responsible for the death of two girls aged 11 and 14 who died at the height of the epidemic, and from whom the Laboratory isolated type "A" influenza virus.

Deaths from Influenza, Pneumonia and Broncho-pneumonia

Week Ending	Under 1 Year			1-9 Years			10-19 Years			20-49 Years			50-59 Years			60 Years and over			Total		
	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia	Influenza	Pneumonia	Broncho-pneumonia
7. 9.57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. 9.57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. 9.57	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28. 9.57	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.10.57	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12.10.57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19.10.57	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26.10.57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	4	—	—	1	1	—	2	6	3	4	9	2	6	17	8	61	33	13	78

During the period of epidemic 33 deaths were attributed to influenza, the total for the year being 44 compared with 14 deaths from the same cause during 1956. Similarly during the epidemic 13 deaths were attributed to pneumonia and 78 to broncho-pneumonia. The total deaths for the year from both these causes being 368 compared with 340 from the same causes in 1956. It will be seen from the table that the majority of deaths from the causes stated was in those aged 60 years or over although it was generally accepted that older people were to some extent spared from infection. Despite the wide spread nature of the epidemic affecting all age groups, the total deaths from influenza and pneumonia for the year was only 58 more than in 1956.

It is not easy to assess accurately the part played by influenza itself, since the inclement weather at the time could by itself have caused an increase in deaths from broncho pneumonia amongst the very young and the aged, but insofar as the increase in deaths occurred during and within the 14 days after the height of the epidemic, it is reasonable to assume cause and effect.

Comparison with 1889 and 1918/1919 Outbreaks

During the first quarter of 1889 a large number of deaths from diseases affecting the air passages and lungs was recorded from which it was evident that some unusual influence was at work, "This is to be found in an epidemic of the disease now known as influenza which prevailed in Bradford at the beginning of the year." The epidemic began and ended within the first quarter reaching its height towards the end of January. It is probable that 10-12% of the population was affected and as a rule the children appeared to have the disease in a milder form than the adults. The number of deaths ascribed directly to influenza was fourteen.

Another epidemic of influenza occurred in Bradford during the second half of 1918 and the first quarter of 1919 in three separate waves. The only indication of its magnitude and severity is the number of deaths during these years attributed to this cause. During the first wave in July and August there were 91 recorded deaths. During the second wave in November and December there were 708 deaths and during the third wave in February and April there were 621 deaths. The occurrence is well illustrated in the accompanying graph.

Tuberculosis

The following are the principal statistics in respect of tuberculosis for the year:—

Respiratory Tuberculosis

Primary notifications of new cases	..	..	..	226
New cases coming to knowledge from other sources*	..	..	..	10
Total	..	..	..	236

Non-respiratory Tuberculosis

Primary notifications of new cases	..	..	..	24
New cases coming to knowledge from other sources*	..	..	..	4
Total	..	..	..	28

Total notifications, all sources, respiratory and non-respiratory 264

		Number Rate per 1,000	
Deaths—old and new cases	Respiratory	23	0·08
	Non-respiratory	3	0·01
	Total	26	0·09

* From death returns from local registrars, transferable deaths from Registrar General, posthumous notifications, etc.

The following table gives tuberculosis statistics for the period 1906–957.

	Notifications etc. Pulmonary		Notifications etc. Non-Pulmonary		Total Notifi- cations, etc.		Deaths (Old and New Cases)		Mortality Rate per 1,000 Population				
	Primary notifications of new cases of Tuberculosis	New cases coming to knowledge other than by formal notification*	TOTAL	Primary notifications of new cases of Tuberculosis	New cases coming to knowledge other than by formal notification*	TOTAL	Pulmonary and Non- Pulmonary, all sources	Pulmonary	Non-Pulmonary	TOTAL			
1906-10										1.19	0.46	1.65	
1911-15										1.19	0.34	1.53	
1916-20										1.16	0.30	1.46	
1921-25										0.84	0.21	1.05	
1926-30										0.81	0.17	0.98	
1931	439	44	483	127	17	144	627	237	44	281	0.79	0.14	0.93
2	364	48	412	140	31	171	583	223	54	277	0.75	0.18	0.93
3	340	48	388	139	25	164	552	222	39	261	0.75	0.13	0.88
4	320	42	362	82	14	96	458	202	35	237	0.69	0.12	0.81
5	300	40	340	91	13	104	444	185	19	204	0.63	0.07	0.70
6	303	33	336	111	17	128	464	150	42	192	0.52	0.14	0.66
7	288	30	318	109	14	123	441	190	34	224	0.65	0.12	0.77
8	211	35	246	91	15	106	352	154	30	184	0.53	0.11	0.64
9	237	31	268	61	11	72	340	142	24	166	0.48	0.08	0.56
1940	187	24	211	34	14	48	259	149	29	178	0.54	0.10	0.64
1	180	37	217	49	10	59	276	147	31	178	0.54	0.12	0.66
2	210	31	241	81	17	98	339	116	35	151	0.44	0.13	0.57
3	205	44	249	48	9	57	306	130	37	167	0.50	0.14	0.64
4	159	28	187	31	7	38	225	115	27	142	0.44	0.10	0.54
5	185	16	201	49	11	60	261	105	44	149	0.40	0.16	0.56
6	186	35	221	59	10	69	290	130	20	150	0.46	0.07	0.53
7	196	26	222	68	7	75	297	121	27	148	0.42	0.08	0.50
8	206	36	242	60	8	68	310	121	20	141	0.42	0.08	0.50
9	278	28	304	83	10	93	397	119	22	141	0.41	0.07	0.48
1950	249	35	284	67	3	70	354	92	17	109	0.31	0.06	0.37
1	230	48	278	59	5	64	342	86	19	105	0.30	0.06	0.36
2	259	38	297	44	16	60	357	62	11	73	0.23	0.03	0.26
3	305	21	326	54	4	58	384	40	10	50	0.14	0.03	0.17
4	252	11	263	32	2	34	297	32	6	38	0.11	0.02	0.13
5	254	17	271	23	1	24	295	29	3	32	0.10	0.01	0.11
6	244	8	252	22	4	26	278	26	3	29	0.09	0.01	0.10
7	226	10	236	24	4	28	264	23	3	26	0.08	0.01	0.09

i.e. from death returns from local registrars, transferable deaths from Registrar General, posthumous notifications.

Bradford Chest Clinic

D. K. STEVENSON, M.B., CH.B., M.R.C.P., *Senior Chest Physician*

TABLE 1 *Chest Clinic Attendances, 1953-1957*

	1957	1956	1955	1954	1953
New Patients	4,195	4,030	3,492	2,715	1,734
New contacts	1,356	958	1,158	1,234	1,267
Total New Patients	5,551	4,988	4,650	3,949	3,001
Clinic reattendances	6,263	5,904	7,345	7,243	4,383
Contact reattendances	2,045	1,742	—	—	—
Refill attendances	1,544	3,064	4,397	3,286	2,034
B.C.G. Vaccination	529	461	318	246	162
Thoracic Surgical Consultations	11	9	39	79	86
Total Out-Patient Attendances	15,943	16,168	16,749	14,803	9,666
X-ray examinations undertaken	9,748	8,691	7,854	7,267	4,249
Attendances at 5 x 4 Camera	3,003	2,922	2,236	1,067	—
Clinic Sessions held	545	591	514	521	548

TABLE 2

	Respiratory Tuberculosis	Non- Respiratory Tuberculosis	Totals
Numbers on Register on 1/1/57	1,863	161	2,024
Inward Transfers	42	3	45
Child to Adult	3	6	9
Cases Rediscovered	—	—	—
Notifications—			
Negative secretions	148	17	165
Positive secretions	98	9	107
Total Additions	2,164	196	2,350
Recovered	82	22	104
Died	42	1	43
Outward Transfers	30	—	30
Child to Adult	3	6	9
Other Reasons	23	2	25
Total Deletions	180	31	211
Numbers on Register on 31/12/57	1,974	165	2,139

Table No. 3 compares the new cases of tuberculosis diagnosed for the first time in 1957 compared with previous years.

TABLE 3

	1957			1956			1955		
	Respi- ratory Disease	Non- Respi- ratory Disease	Total	Respi- ratory Disease	Non- Respi- ratory Disease	Total	Respi- ratory Disease	Non- Respi- ratory Disease	Total
Males	.. 148	10	158	138	2	140	157	10	167
Females	.. 74	13	87	78	12	90	81	4	85
Children	.. 24	3	27	23	8	31	24	7	31
Total	.. 246	26	272	239	22	261	262	21	283

TABLE 4 *Analysis of Notifications in 1957 (272)*

					Males	Females	Children	Total
Local Authorities—								
(i)	Bradford C.B.	..	..	..	137	76	27	240
(ii)	West Riding ..	..	..	..	20	11	1	32
Nationality—								
(i)	English	..	..	..	124	79	26	229
(ii)	European	..	..	..	11	7	1	19
(iii)	Asian ..	..	..	..	22	1	1	24
Age—Children—							28	28
(i)	15/24	..	..	..	21	26	—	47
(ii)	25/34 ..	..	..	..	41	23	—	64
(iii)	35/44 ..	..	..	..	21	22	—	43
(iv)	45/56 ..	..	..	..	42	11	—	53
(v)	56+ ..	..	..	..	32	5	—	37
Types of Disease—								
(1)	Respiratory (positive sputa)				72	30	2	104
(2)	Respiratory (negative sputa)				75	44	22	141
(3)	Non-respiratory				10	13	4	27
Origin of cases referred to the Clinic—								
(1)	General Practitioners ..				51	35	5	91
(2)	5 x 4 Camera (G.P.s) ..				36	18	—	54
(3)	M.M.R. Units				28	9	—	37
(4)	Hospitals				34	12	10	56
(5)	Contacts				8	13	13	34

TABLE 5 *Deaths of Patients on Clinic Tuberculosis Register*

		Respiratory	Non-Respiratory	Total
Males ..	..	32	1	33
Females ..	..	9	—	9
Children ..	..	1	—	1
Total ..	..	42	1	43

Analysis of all deaths:

	Deaths due to Tuberculosis				Deaths not primarily due to Tuberculosis				Total
	M.	F.	Ch.	Total	M.	F.	Ch.	Total	
Known cases of Tuberculosis on Clinic Register..	16	3	—	19	17	6	1	24	43
Death Notifications ..	5	2	1	8	1	1	—	2	10
Totals ..	21	5	1	27	18	7	1	26	53

Vaccination and Immunisation

(Section 26, *National Health Service Act*, 1946)

Smallpox Vaccination

During the year there were 1,550 primary vaccinations and 647 revaccinations, compared with the 1,140 primary and 439 revaccinations in 1956.

The following table shows the number of vaccinations in recent years:—

Year			Primary Vaccinations	Re-Vaccinations
1948 .. ..	..	..	415	219
1949 .. ..	..	..	246	104
1950 .. ..	..	..	682	448
1951 .. ..	..	..	1,043	761
1952 .. ..	..	..	1,031	886
1953 .. ..	..	..	32,035	20,828
1954 .. ..	..	..	882	554
1955 .. ..	..	..	1,159	453
1956 .. ..	..	..	1,140	439
1957 .. ..	..	..	1,150	647

The number of vaccinations in 1957 was about the average for a normal year.

It will be remembered that the abnormally high number of vaccinations in 1953 was due to the outbreak of variola major in parts of Lancashire and Yorkshire in March.

During the year, apart from vaccinations against smallpox, 28 persons who intended to go abroad were inoculated by local authority medical officers with T.A.B. vaccine, 23 with cholera vaccine, 10 with T.A.B.T.

Diphtheria Immunisation

During the year 5,528 children under 15 years of age were immunised against diphtheria, compared with the 5,206 in 1956. Of this total 4,323 were immunised by medical officers of the local authority and 1,205 by general practitioners.

Only by securing the immunisation of a large number of children each year can we be certain of preventing diphtheria from gaining a foothold in the city.

The following table shows the number of immunisations in recent years:—

Year	Number of Immunisations		
1948	3,538
1949	4,947
1950	4,391
1951	4,584
1952	5,787
1953	5,708
1954	6,449
1955	6,098
1956	5,206
1957	5,528

Whooping Cough Immunisation

Of the 1,205 children who were immunised against diphtheria by general practitioners (above), 929 received a combined diphtheria/pertussis vaccine.

Of the 4,323 children who were immunised against diphtheria by medical officers of the local authority, 818 received a combined diphtheria/pertussis vaccine.

During the year the number of children immunised against whooping cough by local authority medical officers was 788, and the number by general practitioners 120. The total number of children receiving protection against whooping cough, therefore, was 2,655.

Vaccination against Poliomyelitis

3,967 children born in the period 1947-56 received the primary course of two injections during the year.

Venereal Diseases

Bradford Special Treatment Centre

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:—

The Special Treatment Centre at St. Luke's Hospital, Bradford, serves an area including Bradford County Borough and the surrounding districts of the West Riding. During the year under review 91% of the total new patients resided in the County Borough, 7.5% in the Administrative County and the remaining 1.5% in other County Boroughs in the West Riding.

The Medical Officer is in attendance during the following hours:—

Men			Women and Children		
Monday	..	10 a.m. to 12 noon	Monday	..	5 p.m. to 7 p.m.
Wednesday	..	10 a.m. to 12 noon	Wednesday	..	10 a.m. to 12 noon
		5 p.m. to 7 p.m.			5 p.m. to 7 p.m.
Thursday	..	5 p.m. to 7 p.m.	Thursday	..	10 a.m. to 12 noon
Friday	..	10 a.m. to 12 noon	Friday	..	10 a.m. to 12 noon
					2 p.m. to 4 p.m.

The outstanding feature of the work during 1957 was the large number of new cases of urethritis in men amounting to 60% of the total new male patients. Compared with the previous year male urethritis increased by 90% from 280 to 532. Of the latter figure 322 had gonorrhoea and 210 non-gonococcal urethritis.

In females, gonorrhoeal patients increased by 140%. Nevertheless, the number of cases of gonorrhoea in women was only about a quarter of the corresponding figure in men.

TABLE 1 *New Cases of Early Syphilis and Gonorrhoea attending Clinic, 1946-1957*

Year	Early Syphilis	Gonorrhoea
1946	251	486
1947	210	358
1948	110	215
1949	89	174
1950	56	132
1951	31	125
1952	19	71
1953	9	119
1954	16	148
1955	22	130
1956	24	166
1957	14	406

Every effort was made to bring under examination the contacts of all patients found to have venereal disease and the Health Visitor attached to the clinic did excellent work in this sphere.

It is gratifying to report that new cases of early (infectious) syphilis fell to 14 and that there were no cases of congenital syphilis in infants.

The Physician in charge wishes to record his appreciation of the efficient and loyal work rendered by the Medical Officer, Social Worker and Nurses.

He also wishes to express his thanks to his medical colleagues and to the Pathologist whose service contributes in no small degree to the successful working of the clinic.

TABLE 2 *Number of New Registrations and Attendances at Clinic, 1932-1957.*

Year	Venereal Disease		Other Conditions		Total Attendance	
	Male	Female	Male	Female	Male	Female
1932	336	111	146	68	16,720	4,243
1933	460	146	149	84	21,991	4,921
1934	386	96	188	78	19,811	5,471
1935	438	157	177	73	21,461	6,620
1936	277	131	140	63	15,714	5,237
1937	366	105	151	72	19,429	6,520
1938	363	134	197	88	15,622	5,869
1939	333	129	200	69	10,408	3,906
1940	278	100	143	69	7,687	4,916
1941	423	111	148	113	7,376	4,050
1942	304	156	140	91	6,639	5,266
1943	352	193	216	190	7,525	6,171
1944	292	221	223	221	7,530	6,797
1945	343	310	259	238	10,064	10,472
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957
1954	182	104	458	135	6,986	4,043
1955	174	97	427	140	6,345	3,733
1956	210	106	437	152	6,450	4,375
1957	406	134	525	153	8,733	3,818

TABLE 3 *Analysis of the Cases Admitted and Discharged during the Year 1957.*

(a) ADMISSIONS

1. Number of cases under treatment or observation on 1st January, 1957—	Males	Females	Total
Suffering from syphilis	148	198	346
Suffering from gonorrhoea	38	15	53
Suffering from other conditions	75	43	118
Totals ..	261	256	517
2. Number of cases defaulting during previous years who returned in 1957—			
Suffering from syphilis	9	11	20
Suffering from gonorrhoea	18	6	24
Suffering from other conditions	11	2	13
Totals ..	38	19	57
3. Number of cases transferred from other treatment centres, suffering from—			
Syphilis	4	3	7
Gonorrhoea	2	—	2
Other conditions	2	—	2
Totals ..	8	3	11
4. Number of new cases dealt with for the first time during 1957 suffering from—			
Early (infectious) acquired syphilis	11	3	14
Late (non-infectious) acquired syphilis	37	23	60
Congenital syphilis	3	4	7
Gonorrhoea	322	84	406
Other Conditions	512	151	663
Totals ..	885	265	1,150
Total of Items 1, 2, 3 and 4	1,192	543	1,735

(b) DISCHARGES

5. Number of cases discharged after completion of treatment and surveillance, suffering from—			
Syphilis	29	27	56
Gonorrhoea	209	44	253
Other conditions	435	149	584
Totals ..	673	220	893
6. Number of cases transferred to other treatment centres, suffering from—			
Syphilis	7	8	15
Gonorrhoea	9	4	13
Other conditions	7	3	10
Totals ..	23	15	38
7. Number of cases defaulting before completion of treatment or surveillance, suffering from—			
Syphilis	32	18	50
Gonorrhoea	99	25	124
Other conditions	88	15	103
Totals ..	219	58	277
8. Number of cases remaining under treatment or surveillance on 31st December, 1957, suffering from—			
Syphilis	144	189	333
Gonorrhoea	63	32	95
Other conditions	70	29	99
Totals ..	277	250	527
Total of Items 5, 6, 7 and 8	1,192	543	1,735

TABLE 4 *Number of Attendances Distributed According to Disease during 1957.*

					Attendances		
					Males	Females	Total
Patients suffering from	Syphilis	..	..	..	2,939	2,462	5,401
	Gonorrhoea	..	..	..	2,008	460	2,468
	Other conditions	..	..	..	3,786	896	4,682
	Totals	..	..	..	8,733	3,818	12,551

TABLE 5 *Geographical Distribution of New Cases during 1957*

Area					Syphilis	Gonorrhoea	Other Conditions
Bradford	..	..	..	..	73	388	588
Halifax	..	..	..	..	—	—	5
Huddersfield	..	..	..	..	—	—	1
Leeds	..	..	..	..	—	1	3
Wakefield	..	..	..	..	—	3	1
West Riding County Council					8	14	65

TABLE 6 *Pathological Examinations, 1957*

					Treatment Centre	Public Health Laboratory
Microscopical for syphilis	..	..	..	..	157	—
Microscopical for others	..	..	..	..	2,195	261
Cultural for gonorrhoea	..	..	..	..	—	909
Serum for syphilis	..	..	..	..	—	2,356
Serum for others	..	..	..	..	—	1,089
Cerebro-spinal fluid examinations	..	..	..	..	—	116

Care of Mothers and Young Children

STAFF

MATERNITY SERVICES

DOMICILIARY MIDWIFERY SERVICES

PREMATURE BIRTHS

ANTE-NATAL CLINICS

POST-NATAL CLINICS

RELAXATION CLASSES

HEALTH EDUCATION IN MATERNITY AND CHILD
WELFARE CENTRES

VISITS TO CHILD WELFARE CENTRE AND
NURSERIES

MIDWIVES' REFRESHER COURSES

CHILD HEALTH

VACCINATION AND IMMUNISATION

SALE OF WELFARE FOODS

DAY NURSERIES

NURSERY NURSES' TRAINING COURSE

NURSERIES AND CHILD MINDERS' REGULATION
ACT

NURSING HOMES AND MATERNITY HOMES
REGISTERED WITH THE LOCAL AUTHORITY

THE CARE OF THE UNMARRIED MOTHER

SILVER JUBILEE HOME, HEYSHAM

HEALTH VISITORS' TRAINING COURSE

HEALTH VISITING

DENTAL CLINIC

Care of Mothers and Young Children

(Sections 22, 23, 24, *National Health Service Act, 1946*)

Staff

K. HORNE, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer for Maternity and Child Welfare

Medical Officers

F. N. BAMFORD, M.B., CH.B., D.C.H.

M. BESWICK, M.B., CH.B.

E. W. C. BIRCH, M.R.C.S., L.R.C.P., M.B.B.S., D.P.H.

W. E. CRAWFORD, M.D., CH.B.

J. HARKNESS, M.B., CH.B.

R. C. LAVERICK, M.B., CH.B.

M. U. RHODES, M.B., CH.B., D.P.H.

J. L. WALKER, M.B., CH.B.

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Non-Medical Staff

F. H. WALKER, S.R.N., S.C.M., H.V.CERT., *Superintendent Health Visitor and School Nurse.*

E. R. ENTWISTLE, S.R.N., S.C.M., M.T.D., H.V.CERT., *Non-Medical Supervisor of Midwives.*

D. LANE, S.R.N., SISTER TUTOR CERTIFICATE, H.V.TUTOR.

A. CAREY, S.R.N., S.C.M., H.V.CERT., *Matron, Oakwell House.*

Day Nursery Matrons

M. SUTCLIFFE, Brownroyd Day Nursery.

H. HARTLEY, S.R.N., Canterbury Avenue Day Nursery.

H. J. EMPEY, S.R.N., Farcliffe Day Nursery.

F. M. PECK, S.R.N., Lilac Grove Day Nursery.

J. B. DEAN, N.S.C.N., Swain House Day Nursery.

I. CANNON, N.S.C.N., Thornbury Day Nursery.

S. F. IVINS, S.R.N., Thornlea Day Nursery.

H. M. WORALL, Warden i/c Greaves Street Day Nursery.

M. A. JORDAN, Teacher i/c Princeville Day Nursery.

During 1957 there were several changes in the medical staff. Dr. Birch left in September to become Assistant County Medical Officer of Health and Deputy Medical Officer of Health, Borough of Watford; and Dr. Harkness left in April to become Medical Officer of Health, Halstead Urban District, Essex. Dr. Laverick was appointed on the 8th July and was stationed at Lapage Street Centre.

Miss Wilkinson, Health Visitor, retired on the 31st January after 28 years' service in the Department. Most of her work was done in the Wakefield Road area prior to a breakdown in health, when she gave up her work in the field and was stationed at the Central Clinic at Edmund Street.

Four other health visitors resigned during the year and one was subsequently re-appointed, leaving 39 full-time and one part-time health visitors at the end of 1957.

Miss Clayton, who was in charge of the Part II Midwifery Training School, 119 Little Horton Lane, left in May 1957 after holding this post for 10 years. The School has been placed in charge of Miss Entwistle, the Non-Medical Supervisor of Midwives.

During 1957 there were 8 new appointments made and resignations were received from 5 midwives, leaving a total of 35 midwives (F.T.) and 3 part-time midwives at the end of the year.

The number of Teaching Midwives in 1957 was 15.

In June 1957 the Matron of the Mother and Baby Home resigned, and Miss Carey, a former Superintendent Health Visitor in the West Riding, was appointed.

There was no change in the staff of the day nursery matrons.

Premises

The premises used for maternity and child welfare services are the same as in 1956, namely the Central Clinic, Edmund Street, fifteen rented premises and the six following permanent Centres where combined maternity and child welfare and school health work is carried out:—

Bierley Health Centre
Green Lane School Clinic
Lapage Street School Clinic
Odsal Health Centre
Saint Street Health Centre
Usher Street Health Centre.

Sanction to proceed with the permanent Centre envisaged to serve the Thorpe Edge Estate was not received during 1957. As the needs in this area were so pressing, negotiations were carried out with the Public Works Committee, and a flat in Greystone Crescent was placed at the disposal of the Health Committee. It is hoped that this will be equipped and opened early in 1958. It will serve as a small centre for an assistant medical officer and health visiting staff. Child welfare and ante-natal clinics and school minor ailment clinics will be carried on in these premises.

Westfield House, a detached house in the Tong Street area, has been purchased by the Health Committee for a small health centre. It is hoped that alterations to these premises will take place in the near future.

Maternity Services

During the year there was a total of 5,080 births in the city to Bradford women. Of this total 4,959 were live births and 121 still births. This is an increase of 193 live births and a decrease of 4 still births on the previous year. The total number of hospital confinements to Bradford women was 2,864 and the number of domiciliary confinements 2,216, giving a percentage of 56·37 hospital confinements as against 56·7 in 1956.

Under the Chairmanship of the Medical Officer of Health a series of meetings of medical representatives of the 3 branches of the maternity services, i.e. hospital, general practice, and local authority, has been held to discuss the ante-natal services available in the area and any improvement which might be made. Recommendations were made for an increase in the number of ante-natal beds at St. Luke's Maternity Hospital, the appointment of extra hospital and local authority staff and the provision of suitable personal record cards for ante-natal patients which could be used by all persons concerned with the ante-natal care of the mother.

It is hoped that the outcome of these meetings will be to improve still further the ante-natal care of the mothers and strengthen the co-operation between the general practitioner and the local authority ante-natal services and the maternity hospital services.

519 cases were admitted to St. Luke's Maternity Hospital from the Domiciliary Service; of these 320 were ante-natal patients, 167 were in labour and 32 were post-natal patients.

The following is an analysis of cases transferred to hospital.

Cases Transferred during Pregnancy (after the 28th week) for Medical Reasons

Toxaemias	81
Ante-Partum Haemorrhage ..	16
Multiple births	11
Mal-presentations	49
Post-maturity	60
Anaemia and Rh. incompatibility	5
Others	25

Cases Transferred during Labour

Foetal Distress	12
Multiple pregnancies	5
Mal-presentation	36
Delay in Labour	63
Premature Labour	28
Haemorrhage	15
Other causes	8

Cases Transferred within 14 Days of Delivery

Post-Partum Haemorrhage ..	9
Perineal Trauma	8
Other causes	8

Domiciliary Midwifery Services

During the year local authority domiciliary midwives booked 3,020 cases. As noted above, 519 cases were transferred to hospital in the ante-natal and post-natal periods. Of the 2,199 deliveries which took place at home, the general practitioner was booked for 2,162 cases and was present at the delivery of 213 cases. Only 37 mothers did not book a doctor for their pregnancy as against 48 last year. The number of general practitioners present at the confinement is still small, but shows an increase of 35 on the previous year.

There were 1,016 cases discharged from hospital before the fourteenth day to the care of the domiciliary midwives owing to the pressure on the maternity beds at St. Luke's. This is 200 more cases than the number so discharged in 1956.

In addition to visiting early discharges from hospital, the domiciliary midwives also visit patients who have defaulted from the hospital ante-natal clinics and ante-natal patients who have been discharged from hospital before delivery. These visits have reached the terrific number of 22,376 ante-natal and 51,595 post-natal, taken into consideration with the small increase in the number of staff, this involves an increase of roughly 520 visits per year for each midwife. Seventeen midwives place their cars at the service of the local authority—if it were not for the increased number of midwives running their own car for the Local Authority it would be impossible to carry on this Service.

Six midwives attended refresher courses of a week's duration during 1957 to comply with Section G.1 of the Rules of the Central Midwives' Board.

All the midwives were instructed by the Physiotherapist, Mrs. Blundell, in the carrying out of relaxation classes for ante-natal patients.

A further 12 apparatuses for the administration of trilene have been purchased. All the midwives are now equipped with this apparatus.

Trilene was administered on ..	..	1,484 occasions
Gas and Air was administered on ..	..	461 occasions
Pethidine was administered on ..	..	1,535 occasions

Premature Births

During 1957 there were 385 premature live births and 88 premature still births notified, made up as follows:—

	Live Births	Still Births
Hospital Cases	264	79
Domiciliary Cases	112	9
Nursing Home Cases	9	—

This gives a percentage of 9·3% of total births as against 10% in the previous year. Of the live births 27 died within 24 hours and of the others 20 died before the end of 28 days. Of the 112 premature babies born at home, 43 were transferred to hospital and 69 were nursed entirely at home. In addition 257 premature babies were discharged from St. Luke's Maternity Hospital to the care of the premature baby midwives on the district. These babies had 3,386 visits paid to them and their mothers 2,247 visits.

Ante-Natal Clinics

Following our policy of decentralising ante-natal clinics a further 3 clinics have been opened during 1957 where ante-natal care is carried out, making a total of 16 centres, in the following premises:—

The Central Clinic, Edmund Street
 Allerton Methodist Chapel
 Bierley Health Centre
 Clayton Methodist Sunday School
 Gillington Methodist Chapel
 Green Lane Health Centre
 Lapage Street Health Centre
 Lidget Green Methodist Sunday School
 Mandale Road Methodist Sunday School
 Odsal Health Centre
 Otley Road Methodist Sunday School
 Saint Street Health Centre
 Swain House Day Nursery
 The Park, Ravenscliffe
 Thornton Methodist Sunday School
 Usher Street Health Centre.

There have been 20 sessions monthly with the local authority ante-natal doctor attending and 72 sessions monthly with the midwives attending.

Post-Natal Clinics

There are 4 post-natal clinics held monthly at Wilton Street and, patients attend for post-natal examination at Bierley Health Centre and Usher Street Health Centre. In all 256 patients made 537 attendances.

Relaxation Classes

These classes are organised by the Superintendent Physiotherapist, Miss Cribb.

It has been possible to increase the number of relaxation classes for ante-natal and post-natal patients during 1957 owing to the appointment of a new physiotherapist, Mrs. Blundell, who devotes half of her time to the Maternity and Child Welfare Service.

There are now 13 ante-natal and post-natal Relaxation Classes held weekly at Edmund Street and outlying clinics.

The following figures show the number of patients and attendances during the year in comparison with the figures for 1956.

		No. of Classes Weekly	No. of Patients	Attendances
1956	..	9	491	2,772
1957	..	14	613	4,173

Health Education in Maternity and Child Welfare Centres

Health Education talks, including the teaching of mothercraft, are given at all the centres where maternity and child welfare work is carried out.

Most of the instruction has been given in conjunction with the relaxation classes and the ante-natal clinics, by the health visitors attached to the centre and the midwives conducting the clinics.

It is often difficult to carry out group teaching at infant welfare clinics, as the mothers of young children are anxious to return home as soon as possible. As pointed out by the Chief Medical Officer of the Ministry of Health in his 1956 report, "For many the present value still rests in the individual consultation between the mother and the teacher", whether it be the doctor or the health visitor, who listens, allays apprehension and advises, in advance where possible, on the health and guidance of *that parent's* particular child".

It is further pointed out in this Report that to do this it is fundamental that the teachers be fully prepared. In this connection health visitors benefit from the periodic refresher courses recommended by the Rushcliffe Committee. It would be a great advantage, in the furtherance of health education, if medical officers were given similar opportunities at regular intervals.

Visits to Child Welfare Centre and Nurseries

Throughout the year many visits have been paid to the department by doctors studying for their diploma in child health, by students from training colleges, student nurses, Girl Guides and visitors from overseas.

Midwifery Training School

The following is the report for 1957 of Miss Entwistle, the nominal medical Supervisor of Midwives:—

On January 1st, 1957, 5 pupil midwives were in training, and during the year 14 other pupil midwives completed the six months' training and 16 pupil midwives were in training on December 31st, 1957.

All these pupil midwives have qualified as midwives.

Midwives' Refresher Courses

The Health Committee, in conjunction with the Hospital Management Committee, ran two midwives' refresher courses at the Margaret McMillan Training College and St. Luke's Maternity Hospital, which catered for 98 midwives from various parts of England and Wales. Midwives were sent from as far afield as Anglesey, Isle of Wight, and Eastbourne, in addition to many places nearer to Bradford. A very interesting series of lectures was given by the Medical Officer of Health, the hospital consultants and other members of the medical and nursing profession. It was possible for a few members of the local authority staff to attend some of the lectures, which proved of great interest to them.

Child Health

The total attendance at Child Welfare Centres showed a slight increase on those for 1956.

The following figures show the percentage of children under one year, living on various housing estates, who attended clinic at the end of the year.

It will be noticed that the attendance from the Holme Wood Estate and Woodside Estate are low owing to the shortage of premises which are easily accessible to the mothers.

Odsal	80%
Thorpe Edge ..	80%
Woodside ..	50%
Holmewood ..	25%

Clinic	Days of Attendance	Time of Attendance	Attendances during year
Central, Edmund St.	Daily	Morning and afternoon	9,947
Allerton	Alternate Fridays ..	Afternoon	1,280
Bierley	Monday and Thursday..	Afternoon	1,930
Bolton Woods ..	Monday (monthly) ..	Afternoon	363
Brownroyd	Tuesday	Afternoon	2,250
Buttershaw (Mandale Road)	Monday and Tuesday ..	Afternoon	2,561
Clayton	Alternate Wednesdays)	Afternoon	1,184
Sholt.. ..	Wednesday (monthly) ..	Afternoon	142
Green Lane	Monday and Thursday..	Afternoon	4,845
Lawworth Road ..	Alternate Wednesday ..	Afternoon	1,082
Idle	Tuesday	Morning and afternoon	3,821
Maple Street ..	Monday and Thursday..	Afternoon	4,223
Widgit Green.. ..	Alternate Thursdays ..	Morning	1,634
Odsal (* 1)	Tuesday, Wednesday and Thursday	Afternoons	3,743
St. Mary's Road ..	Wednesday	Morning and afternoon	3,666
Wavenscliffe (The Park)	Friday	Morning and afternoon	3,033
Wainwright Street ..	Monday, Tuesday and Friday	Monday a.m., Tuesday and Friday p.m. ..	5,228
Waltham Hall ..	Thursday	Afternoon	945
Wetherby	Monday	Afternoon	1,389
Wetherby Street ..	Tuesday and Wednesday	Afternoon	2,701
West Bowling ..	Friday	Morning	2,673
Wetherby	Alternate Fridays ..	Afternoon	1,119
Nursing Mothers' Ward	Monday, Tuesday, Wednesday and Friday	Morning and afternoon	707
			<hr/> 60,466 <hr/>

* 1 Tuesday afternoon session discontinued June 1957.

Deaths of Children under 1 year

By reference to the statistical table based on departmental records it will be seen that 137 infants died under 1 year of age in 1957. There was a gratifying drop in the percentage of deaths due to prematurity, namely from 26% of the total deaths to 15% of the total deaths. Unfortunately, the number of deaths from infection shows a steep rise, the most vulnerable age group being 1 – 3 months. Most of these deaths were attributable to broncho-pneumonia. In many cases the disease was of a fulminating type, no doctor having been called in, the deaths were consequently investigated by the Coroner. A great proportion of these deaths occurred in the winter months, many taking place in December, following the influenza epidemic of August to November.

Deaths of Children 1 – 5 years old

In the age group 1 – 5 years old, 14 deaths occurred. These were due to natural causes, apart from 4. Of the 4 accidental deaths, 2 were caused by road accidents, 1 by burning and 1 by drowning.

Vaccination and Immunisation

Vaccination and immunisation against diphtheria and whooping cough is performed at all the child welfare clinics. The number of vaccinations and immunisations carried out during the year was as follows:—

Vaccination (Primary)	..	..	..	..	889
Revaccination	..	..	..	..	128
Diphtheria Immunisations	..	..	..	..	496
„ (Stimulation doses)	..	..	..	..	68
Whooping Cough Immunisations	..	..	..	..	730
Combined Whooping Cough and Diphtheria Immunisation	..	..	..	..	799

It is interesting to note that the figures for primary vaccination against smallpox have increased by 397, but the demand for this type of protection is still very low.

During 1957, following the report by the Medical Research Council on combined antigens, it was thought desirable to return to the single antigen for diphtheria and whooping cough immunisation.

Sale of Welfare Foods

Welfare Foods are sold at Britannia House and at all the child welfare clinics. The following table shows the total sales of these foods for 1956 and 1957. The sharp decrease in the sale of National Dried Milk coincides with the increase in the price of this commodity from 10½d. to 2/4d. per tin in March 1957.

Quarter ended	National Dried Milk	Cod Liver Oil	Vitamin A. and D. Tablets	Orange Juice
March 1956 ..	40,877	8,702	3,582	55,190
June 1956 ..	40,537	7,801	3,779	65,944
Sept. 1956 ..	41,445	6,898	3,382	60,756
Dec. 1956 ..	39,550	9,425	3,495	54,231
	<hr/> 162,409 <hr/>	<hr/> 32,826 <hr/>	<hr/> 14,238 <hr/>	<hr/> 236,121 <hr/>
March 1957 ..	39,024	8,681	3,417	62,945
June 1957 ..	31,145	6,632	3,238	68,583
Sept. 1957 ..	29,587	6,314	3,175	66,527
Dec. 1957 ..	26,776	6,970	3,070	47,429
	<hr/> 126,532 <hr/>	<hr/> 28,597 <hr/>	<hr/> 12,900 <hr/>	<hr/> 245,484 <hr/>

Day Nurseries

The number of day nurseries maintained by the Local Authority in 1957 was still 9. The attendance decreased at all the nurseries apart from Princeville, Greaves Street and Thornlea, where there was a small rise in the yearly attendance. The scale of payment for day nurseries was the same as that laid down in 1956.

Name	Age of Children	Places	Yearly Attendances	
			1956	1957
Farcliffe.. ..	0-5	70	27,988	22,528
Brownroyd	0-5	50	19,178	18,013
Thornbury	0-5	40	17,018	14,623
Canterbury	0-5	40	16,808	13,070
Princeville	2-5	40	11,480	11,513
Swain House	0-5	30	14,145	10,816
Greaves Street ..	2-5	50	17,337	17,670
Thornlea	0-5	30	8,120	8,268
Lilac Grove	0-5	50	17,698	14,500

The average daily attendance at the day nurseries during 1957 was 261.19.

Nursery Nurses' Training Course

The Nursery Nurses' Training Course, which was run as usual in conjunction with the Education Department, still attracts many more applicants than number of places available. Twelve students were successful at the examination of the N.N.E.B. in 1957. Five of these were appointed to posts in day nurseries. Fifteen trainees entered the Course in 1957.

Nurseries and Child Minders' Regulation Act

During the year 1957 the three industrial nurseries on the register cancelled their registration. The number of private individuals at the end of the year on the register was 7, an increase of 1 on the previous year. The total number of children registered to be minded being 54.

Nursing Homes and Maternity Homes Registered with the Local Authority

The following Nursing Homes and Maternity Homes were still on the Register and received the usual supervision in 1957:—

- Oakfield Nursing Home, 5 Parkfield Road
- Malvern Nursing Home, 45 Horton Grange Road
- Merton Nursing Home, 27 Merton Road
- St. Anthony's Nursing Home, 9 Farfield Road, Toller Lane
- Pemberton Nursing Home, 26 Pemberton Drive
- Mornington Nursing Home (Maternity), 12 Mornington Villas
- Ashfield Nursing Home (Maternity), 1 Ashfield.

The Care of the Unmarried Mother

Thirty-one cases were admitted to Oakwell House. The average stay before birth was 4 weeks and the average stay of mother and baby was 10 weeks. One of these cases was accepted from and paid for by another authority. Six Bradford cases were admitted to St. Margaret's Home in Leeds and 10 Bradford cases to St. Monica's, Bradford.

Discharges from Oakwell House in 1957

Mothers

- 18 Girls went home to their parents
- 6 Girls to lodgings
- 12 Girls in Oakwell House on December 31st
- 2 Married girls reconciled with their husbands.

Babies

- 18 Babies went home with their mothers
- 7 Babies placed for adoption
- 1 Baby to a residential nursery
- 3 Babies in the Home on December 31st
- 4 Babies to lodgings with their mothers
- 3 Girls have married during the year.

The following report has been compiled by the Matron, Miss Carey. The cases are typical of those receiving help at Oakwell House.

(1) Admitted 9.4.57, age 15 years—partially deaf due to meningitis in childhood, resulting in considerable speech defect. This girl was attractive and well developed, fond of life and difficult to control at home. The parents were elderly and found their daughter a problem and felt she needed supervision and discipline away from home. This girl was popular in the Home though in the beginning was not anxious to take her share of household duties, she did eventually fall in with the routine and succeeded in doing the jobs allotted to her very well. Teaching this girl mothercraft was not easy but, with patience and constant supervision, she acquired the art in a manner which surprised us. She liked the baby, particularly when he was good. She showed no real deep motherly affection for him and because of this, and inability of the girl's parents to cope with the situation, the baby was offered for adoption. Medical examinations showed the baby was normal for his age, but he was not accepted for adoption owing to the background history. An approach was made later to Dr. Barnardo's Home and the baby was admitted to one of their Residential Nurseries in the South of England.

As the girl was expected to contribute to the upkeep of the baby, suitable employment was found for her in a laundry in conjunction with the Youth Employment Officer, before she returned to her parents. Contact has been maintained with her and it is encouraging to know she is earning her own living, is making some contribution to Dr. Barnardo's Home, and has generally been more considerate in her own home.

(2) Admitted 7.3.57, age 17 years; second pregnancy—first baby at the age of 15 years. This girl's life was a sad one and from an early age she lived in an atmosphere of discord and strife. The parents eventually separated and her mother was forced to go out to work to support the children. There was little control exercised in the home and the girl was allowed to make her own way. She was old for her years and her conversation and general attitude unbecoming for her age. She was untidy in appearance and had little or no regard for hygiene and cleanliness.

She wanted to keep the baby and showed deep maternal feeling for her. She thought she had nothing to learn, and it was with great difficulty she was taught to conform with the high standard of baby care at Oakwell House. This girl was insecure and the thought of facing the world and returning to her home was a source of great anxiety to her, although a good deal of this was hidden by a "woman of the world attitude".

Six weeks after her confinement a job was found for her at a local mill and, with encouragement, she did work well and improved in her appearance and in her consideration for others. During this time her mother had obtained another house and week by week the girl contributed towards improvements. Help was also secured from the W.V.S. and other bodies, and eventually the home was considered suitable for the return of the mother and the baby.

By this time the girl was established in her employment, and having the security of a good weekly income, built up her self-respect, she faced society and accepted her responsibility with confidence.

She comes back to visit Oakwell House frequently, and it is very obvious she is trying hard to live up to the way of life which she learned to appreciate whilst here.

(3) Admitted 6.5.57, aged 15 years; the eldest child of three—two brothers, age 12 and 8 years. The house where the family lived was back to back with two bedrooms. The girl's mother was aged 36 young in appearance and rather inclined to treat her daughter as an equal. The father's income was not high and his wife went out to work to implement it. The girl, though not precocious, took advantage of her mother's absence and sought amusement in dance halls and other places where teenagers gathered. It was obvious when she came here she had not been encouraged to take any part in household duties and unusual these days, was not capable of doing any sewing or knitting. She was slow in her movements and in acquiring skills and repetition was our only method of teaching in this case.

She was admitted here with a view to having the baby adopted, the parents feeling she was too young to accept responsibility. She proved to be a good mother, patient and attentive, accepted advice and became most anxious to keep the baby and work for her. With encouragement

the parents agreed to this and in order to help them a recommendation was put forward for rehousing. This was accomplished and the mother and baby went from here to the new home. The baby was absorbed into the family circle and was cared for by the mother, who also took over the household duties, and the follow-up reports have proved very favourable.

Every effort is made to rehabilitate the mother and child after leaving the Home. The accommodation to which they go is inspected before discharge and they are all followed up by the health visitor.

The number of illegitimate births in 1957 was 342 as against 292 in 1956. It will be seen from these figures and the number of admissions to the Mother and Baby Home, in spite of the increase during the year of illegitimate births, the admissions of Bradford girls to the Home is about the same as last year. Many more girls are staying at home and keeping their babies than formerly. In many cases the babies are absorbed into the family circle rather than being adopted as previously.

Silver Jubilee Home, Heysham

The above Home, which is run by the Maternity Care Committee and financed by the Health Committee, provides a holiday for mothers in need of rest and convalescence and for their young children up to their sixth birthday. During the year 185 mothers and 268 children attended the Home. This is a slight decrease on 1956. The Matron ran the Home under considerable difficulties, as domestic staff was difficult to obtain throughout the year.

Health Visitors' Training Course

This Course is in charge of the Tutor, Miss Lane, who joined the staff in November 1956. Five students were accepted for the Course in October 1956 and succeeded in passing the examination of the Royal Society of Health in July 1957. They subsequently were appointed to the staff for a period of two years. Seven candidates were accepted to commence their training in October 1957, two of whom were sponsored by outside authorities.

Health Visiting

(Section 24, *National Health Service Act*, 1946)

F. H. WALKER, S.R.N., S.C.M., H.V.CERT.,
Superintendent Health Visitor and School Nurse

At the end of 1957 there were thirty-nine full-time health visitors and one part-time health visitor employed, this being an increase of one full-time and one part-time on the number at the end of 1956. In July we gained five new members of staff from our own training school, but as in previous years, this number replaced five members who left during the year for various reasons.

Thirty-two health visitors carried out general duties, including seventeen attached to the integrated School Health and Maternity and Child Welfare Services working from central and branch health centres. The rest were employed carrying out specialised work in the tuberculosis, geriatric, infectious disease and health education services.

The scheme of assisting health visitor school nurses by trained nurses and unqualified nursing assistants continues to be most successful, providing valuable help so that health visitors can spend more of their time doing the work which requires their special skills.

In July a scheme was started at the Bradford Royal Infirmary with two health visitors attending the Diabetic Out-Patients' sessions with the Consultant. They carry out his after-care suggestions by home visits, and give him details of social conditions of patients, in order to prevent frequent readmissions of those who have not, or are not, able to carry out the necessary treatment at home. It is hoped that this experimental scheme will eventually be extended to other Bradford hospitals. The health visitors concerned continue to carry out general health visiting work also.

In the field of Health Education there has been a greater demand for staff to assist in all fields, whether taking part in Mothercraft teaching in schools, talks at parent teacher association meetings or other outside bodies such as young wives' clubs. It is hoped that assisting in the domestic science departments of secondary modern schools will become a permanent feature of health visitors' work.

More mothercraft classes in conjunction with midwives' ante-natal clinics and the relaxation classes of our physiotherapists have been started, and are now an integral feature of all our branch health centres. This benefits the health visitor, who gets to know the mothers before their babies are born, and greatly assists co-operation between health visitor and midwife.

During the year four health visitors attended refresher courses run by the Royal College of Nursing and Women Public Health Officers' Association at Oxford, Cambridge and Bristol. Most members of staff were able to attend some lectures at the two refresher courses for midwives held in Bradford during the year. The Central Council for Health Education ran a day course in Bradford for public health staff on two successive days in September, which was attended by nearly all the health visitors.

In April I had the honour to be asked to present a paper at the Royal Society of Health's Congress at Folkestone. The subject: "The Use of Health Visitor Resources in Meeting New Demands in Home Care". My thanks are due to the Health Committee for kindly allowing me to accept this invitation.

The problems which confront the health visitor in her day to day work are many and varied, but there would seem to be an increase in the number of families where there is lack of parental responsibility for child care, and a false view that the Welfare State is there to provide everything. The better the provisions of the Welfare State and the more social agencies there are, the more problems are found. This industrial city has its own peculiar problems. The European Voluntary Workers, who presented a problem a few years ago, have now settled down well in the community, and with odd exceptions present few problems to the health visitor, but the recent increase in people from Pakistan is a source of worry to her in certain areas of the city. Here the language problem and a different set of standards of hygiene and nutrition cause difficulties. So often relationships are entered into with the poorer type of white girl who does not make a good mother to her half-caste children. The Tuberculosis Health Visitor experiences difficulties with these people in the care of tuberculosis cases and in tracing contacts. Overcrowding and poor physical conditions hamper her work.

The picture of health visiting has changed, and more time is being spent on social problems than ever before. The health visitors' returns both to the Ministry of Health and the Local Authority do not give a picture of her work, and a day spent with a problem family, contacting in person or by telephone other social workers and agencies, collecting furniture, clothing or household equipment, and may be even visiting the rent office with rent arrears, can only be recorded on her work return as a visit to a child or household. The Ministry of Health does not ask for any details of visiting or work other than numbers of visits to children under five and expectant mothers. All other visiting is classed together as "other visits". The only other type of record asked for from health visitors is the number of clinics attended, so that all the health education work done by them is unaccounted for statistically.

Dental Clinic — Edmund Street

M. PARKER, B.CH.D., L.D.S.

Dental Officer for Maternity and Child Welfare

The alterations (see 1956 Report) were completed early in the year. The new installations have been found to be most satisfactory.

Dr. Mari Tankard commenced in October as Anaesthetist to the Clinic, being available two sessions per week.

Mr. F. G. Parker left his full-time appointment at this clinic at the end of October and was replaced by myself, previously at Manor Row, for the remainder of the year.

Mr. H. V. Morrell has, throughout the year, subscribed to the smooth-running of the clinic, particularly during those months when it was in part-time residence at Manor Row. This, of course, was necessitated by the alterations then in progress at Edmund Street.

A detailed list of treatments completed during the year will be found in the Appendix.

Section 4

Children Neglected or Ill-Treated in their own Homes

Children Neglected or Ill-treated in their Own Homes

W. EDGAR, M.B., CH.B., D.P.H., D.C.H., *Deputy Medical Officer of Health*

Problem families are families which have not responded to the general improvement in social conditions; who are unable by their own efforts to improve the standards of their families or their homes and who have failed to make use of the social services which are available and of which they are in need.

The expectation was that the post-war social reforms, supported by full employment and assisted by the post-war rehousing programmes, would usher in a new era of social progress with all basic needs guaranteed by the State. This social progress has served to throw into sharp relief the continued existence of problems which the post-war legislation was intended to solve.

Until recently members of these families were dealt with as individuals and the concept of a family as a unit had not been properly recognised. These families are often faced with a number of different problems—marital difficulties, child truancy, rent problems, sickness, etc., and although in the past for each of these troubles the proper assistance was obtained, none of the social workers concerned had any real responsibility to watch the family as a whole. Often they were only eligible for help if a specific problem arose, e.g. child neglect, rent arrears, etc., and once this original problem had been dealt with the family failed to be eligible for further assistance.

The idea of a co-ordinated service has arisen in order to cater for all the families' needs on the preventive level, from simple information and advice to long term skilled casework, to give assistance in connection with eviction, appearance in Court, child neglect, long term unemployment, etc.—problems which too easily become intractable and lead in the end to family disruption. What is needed, therefore, is a comprehensive family service where each social worker concerned meets to discuss the problems of individual families with his colleagues and to agree upon the line of action and assistance to be given. With the setting up in 1950 of the Neglected Children Case Sub-Committee whose membership is described below, the first official step was taken

towards co-ordination of the various social workers concerned with problem families. Families are presented to the Committee by any of its members who are concerned about the neglected state of the children. The family is discussed by the Committee and either the worker is left to continue visiting and report back or a panel of workers directly concerned meets to discuss the most appropriate assistance to be given, i.e. Family Case Conference. In this way multiple visiting is reduced and an agreed course of action decided upon by all workers in touch with the family. This provision has worked well, as the different social workers have become known to each other and Family Case Conferences have become one of the most constructive approaches to these families.

The Neglected Children Case Sub-Committee has the following membership:—

The Health Department (All Sections)
Children's Department
Probation Department
Welfare Department
Police Department
Education Department
City Treasurer
City Engineer and Surveyor (Estate Agent)
Head Teachers' Association
Hospital Management Committee
Ministry of Labour
Family Service Unit
National Assistance Board
Council of Social Service
National Society for the Prevention of Cruelty to
Children
Presbyterian Church
Free Church Council
Church of England.

In spite of the large size of this Committee it is impossible for every social worker to be present, and in order to enable the fieldworkers to get together on a similar basis it is proposed to hold area Co-ordinating Committees in four Branch Clinics where similar Case Conferences can be undertaken by the workers concerned. An invitation to attend these monthly meetings is being extended to several other Corporation Departments.

These two Committees represent the focal points at which interested workers in touch with problem families are brought together. They serve not only to co-ordinate but also to give purpose and direction to practical casework and provide a means of systematic review of these families.

It is, of course, necessary for officers to take action outside these meetings, and indeed this work goes on continually in all the Council's Departments concerned. During the year 37 new cases were discussed by the Committee, which made a total of 217 new cases discussed since the inauguration of the Committee. The number of children in the 37 families was 155, and average of 4.2 children per family.

Families Facing Eviction

Through the co-operation of the City Treasurer the arrangement whereby the Town Clerk informs the Medical Officer of Health well in advance of possible evictions of tenants of Corporation property has continued. During the year 65 families were notified of whom only 8 were actually evicted. This is largely due to the efforts made by experienced workers to secure the payment of rent arrears in order to prevent eviction. These families are visited by the Health Visitor and District Welfare Officer, and reports submitted to the Medical Officer of Health concerning the size of the family, the health of its members, its financial state, the reasons for the present arrears, and whether the family will on their own or with assistance, be able to make arrangements for the payment of the arrears. While it is desirable to prevent eviction in all cases it is not always possible. The family may refuse the assistance offered, and in these cases the concern then becomes that of prevention of break-up of the family as a result of eviction. In this way it is possible in exceptional circumstances for proceedings to be suspended at any stage at the request of the Medical Officer of Health by agreement with the City Treasurer in order that hardship may not be caused to the family.

In one particular case a young unmarried mentally defective girl, who was living with her parents, had recently given birth to an infant, and representations to the City Treasurer on behalf of this family succeeded in withdrawal of the proceedings of recovery of possession of the premises.

Supervised Accommodation

Towards the end of the year the Medical Officer of Health held informal discussions with the Chairman of the Public Works Committee on the subject of those families whose welfare was the concern of the Medical Officer of Health, and resulting from these discussions the Public Works Committee resolved that 20 houses administered by the Public Works-Negotiating Sub-Committee, and acquired for street improvement purposes, be leased to the Health Committee for sub-letting to those families under the administration of the Medical Officer of Health.

At the end of the year, following informal discussions between the Medical Officer of Health and the Chairman of the Welfare Committee, the Welfare Committee consented to the use by the Health Committee of the two huts at The Park, previously used for temporary accommodation but now vacant, for the housing of problem families, subject to financial adjustment and to the huts being supervised by the Health Department.

Specially Trained Home Helps

With these two types of accommodation becoming available the question of allocation of families to the accommodation, and the supervision and training of the families had to be considered as it was the intention to assist the rehabilitation of these families while in supervised accommodation. A Course was planned for selected Home Helps, who would work with these families under the direction of the Health Visitor for the area—the whole scheme being co-ordinated by the Deputy Medical Officer, the Deputy Superintendent Health Visitor and the Family Service Unit Organiser/Caseworker. At the end of the year the plans had been made and details of the Course arranged and selected volunteers from the Home Help Service obtained. It was hoped that by Easter of the following year the Scheme for the assistance and training of problem families in supervised accommodation would be well under way.

These three moves represent the most positive approach by the Health Department to constructive casework with problem families since the inauguration of the Neglected Children Case Sub-Committee in 1950.

School Health Service

STAFF
LIP READING
SPEECH THERAPY
PHYSIOTHERAPY
ULTRA VIOLET RAY THERAPY
MEDICAL INSPECTION
INFECTIOUS DISEASES
CO-OPERATION OF PARENTS, TEACHERS, Etc.
PERIODIC MEDICAL INSPECTIONS
INSPECTION OF SCHOOL PREMISES
SCHOOL CLINICS
SCHOOL NURSING
CASES SEEN BY OPHTHALMIC SURGEON
SPECIAL EDUCATIONAL TREATMENT
CHIROPODY
LINTON RESIDENTIAL SPECIAL SCHOOL FOR DELICATE PUPILS
LISTER LANE SPECIAL DAY SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS
BAILDON RESIDENTIAL SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS
McMILLAN SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS
ODSAL HOUSE DAY SCHOOL FOR THE DEAF
TEMPLE BANK SCHOOL FOR PARTIALLY SIGHTED PUPILS
SCHOOL DENTAL CLINIC

APPENDIX

MEDICAL INSPECTION RETURNS
ANNUAL REPORT ON CHILD GUIDANCE CLINIC
REPORT PUBLISHED TO CELEBRATE THE JUBILEE
OF THE SCHOOL HEALTH SERVICE, 1908-1958

School Health Service

Staff

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer:

WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

D. M. LANGLEY, M.B., CH.B., D.P.H.,

R. WOODHEAD, M.B., CH.B.

J. L. WALKER, M.B., CH.B.

W. E. D. CRAWFORD, M.D., CH.B.

F. N. BAMFORD, M.B., CH.B., D.C.H.

J. FELGATE, M.B., CH.B.

(*locum tenens* appointment vice J. L. Walker from 1/11/57)

E. W. G. BIRCH, M.R.C.S., L.R.C.P. (resigned September 1957)

J. HARKNESS, M.B., CH.B. (resigned April 1957)

R. C. LAVERICK, M.B., CH.B. (appointed 8/7/57)

Specialist Officers:

Orthopaedic Surgeons: A. NAYLOR, CH.B., M.SC., F.R.C.S.

J. WISHART, F.R.C.S.

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Ophthalmologist: S. ROBERTSON, M.B., CH.B., D.O.M.S.

Ear, Nose and Throat Consultant: H. MORUS JONES, F.R.C.S.

School Dental Officers:

Principal School Dental Officer: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

Assistant School Dental Officers:

S. HALL, L.D.S. (Liv.)

A. S. METCALFE, L.D.S., R.C.S. (Eng.)

S. M. CHOMSE, B.D.S. (left October 1957)

M. PARKER, B.CH.D., L.D.S.

Dental Officers employed on a sessional basis:

E. M. DAVISON, F. G. PARKER, R. SUTCLIFFE

Physiotherapists:

Miss V. M. CRIBB

Miss C. E. G. PEARSON

Mrs. LEVIN (part-time)

Mrs. LAWSON (part-time)

Mrs. BLUNDELL

Speech Therapists:

Miss M. AYRTON

Mr. F. BROOK (part-time, resigned 31/5/57)

Miss MACNAMARA (appointed 30/9/57)

School Nurses:

Superintendent School Nurse: Miss F. H. WALKER

Deputy Superintendent School Nurse: Miss A. WILCOCK

Public Health Nurses:

C. M. HAMILTON, M. I. KAY, M. VAN SWANENBERG, M. G. MUNRO,

B. SUGDEN, E. M. JACKSON, M. E. JONES, R. LEWINGTON, Mrs. DEAN,

Mrs. SMITH, Mrs. HENDERSON, Mrs. BOVAKS, Miss WILSON.

Health Visitors:

Mrs. CONN, Miss SELLARS, Miss ELLISON, Miss HILL, Miss BRADLEY,

Miss WALTON, Miss SANDERSON, Miss NOLAN, Miss LISLE, Miss HUDSON,

Miss RYECROFT, Miss MORTIMER, Miss WILKINSON, Miss WOLSTEN-

HOLME, Mrs. BENN, Miss HUNT, Miss CLARK, Miss HUDDY.

Nursing Assistants:

V. NICHOLSON, K. BURTON, G. BURLISON, F. SHUTTLEWORTH.

Chiropodist: Mr. W. DALBY (part-time)

Audiometrician: Mr. W. MILNER (part-time)

Dental Attendants: E. WARNER, B. MILNER, B. P. ASHMORE, J. HILL

Clerical Staff:

Mr. W. E. WILSON, Mr. A. C. COATES, Mrs. K. F. HOLLINGSWORTH,
Miss B. SUTCLIFFE, Mrs. K. M. SHEPHERD, Miss J. M. FIRTH,
Miss B. PRIESTLEY, Miss P. FIRTH, Miss W. M. GILL, Mrs. B. COUSINS.

Child Guidance Clinic:

Psychiatrist: Dr. IRENE TURGEL, M.D.

Educational Psychologist: Mrs. B. BROOK, B.A. (resigned 31/5/57)
Mrs. K. DEVEREUX (appt. 1st Sept., 1957)

Psychiatric Social Worker: Miss I. MELLOR

Secretary: Miss BANCROFT

School Health Service

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior School Medical Officer*

Staff changes during 1957 included the resignation of Dr. Birch and Dr. Harkness to become Divisional Medical Officers of Health in Essex, and the appointment of Dr. Laverick. The latter and Dr. Bamford, appointed 1956, are taking the Diploma in Public Health extended course in Leeds on four sessions per week. On the dental side Mrs. Chomse left for South Africa while Messrs. Davison, Parker and Sutcliffe gave us part-time assistance.

There were quickened developments of particular activities, e.g. immunisation, attention to ear defects, and more contacts by health visitors with the homes of handicapped children, particularly educationally subnormal pupils due to leave McMillan Special School.

By the concerted action of our Public Health, Child Welfare and School Health Departments the sequence of immunisation procedures against infectious diseases was arranged to give protection when most valuable. Whooping cough was dealt with earliest at three months as statistics show that this disease is most fatal to young infants. Protection against smallpox was offered at six months; against diphtheria at eight months with a booster injection at five years, protection against poliomyelitis was made available to eligible registered children aged one to ten years; and against tuberculosis to thirteen-year-old children previously shown to be tuberculin negative, tuberculin positive reactors were offered a chest X-ray to find any evidence of active tuberculosis. Apart from this general preventive scheme, when the Hospital Chest Physician found any school-age child with pulmonary tuberculosis the School Medical Officer arranged for class contacts, in the school which the notified patient recently attended, to have Mantoux tests after parents sign consent. Negative reactors are offered B.C.G. vaccination, all these contacts are X-rayed.

The total number of school children injected with diphtheria prophylactic at the school clinics or in schools during 1957 was as follows:—

First dose	485
Immunisation completed	367
Reinforcing dose	1,745

B.C.G. Vaccination

Number of acceptances	1,754
Number of children Mantoux tested	1,591
Number of children vaccinated	1,071

The practice of testing the sensitivity of five-year-olds to tuberculosis was continued during the year. 1,187 children had the jelly patch test applied, and of these only 66 were positive. The children who were positive reactors and their home contacts were followed up by the health visitors and the Chest Clinic, and were offered X-ray facilities in order to determine whether or not there was an active case of tuberculosis amongst them.

A sweep hearing test of entrant children to Bradford infant schools was carried out by the technician of the Royal Eye and Ear Hospital using the Pure Tone Audiometer from the Central School Clinic. A miniature audiograph for each of the 164 cases showing any defect was given to the school medical officers, who invited all the family doctors concerned to arrange, if they so wished, appropriate treatment and reference to specialists; if the family doctors did not respond, arrangements were made by the school medical officers. A summary of result shows:—

Number of Five-year-old Children Examined	Number Reported with any Hearing Loss	Percentage	Number who had previous Ear, Nose or Throat Trouble	Reference to Specialist by Family Doctor	Specialist by S.M.O.
4,389	164	3.7	80	22	87

Information from Specialists:

Operation Advised	Other Treatment Advised	No Treatment required	Failure to attend Specialist	No informa- tion returned to S.M.O.	Number treated by Family Doctor
40	26	24	10	9	15

Forty cases failed to co-operate at all. Perhaps their parents were not convinced that any significant degree of deafness really existed.

Dr. M. Langley made a comparison of the incidence of hearing defects in city and suburban schools within the Bradford area which may be of interest. The table below is based on the results of the "Sweep"

test and applies to Infant Schools only. For the purpose of classification "City" schools are those within the area bounded by the ring road, "Suburban" schools those outside the ring road.

Type of School	Number Examined	Number with Hearing Loss	%
City Schools	1,771	98	5.53
Suburban Schools ..	2,618	66	2.52

These figures seem to indicate that the number of hearing defects varies to some extent with the situation and surroundings of the schools concerned. It may be that in built-up areas with a high degree of atmospheric pollution there is a higher incidence of catarrhal diseases leading to impaired hearing.

Mr. Morus Jones, Consultant Ear, Nose and Throat Surgeon, attended the Central School Clinic on two Tuesday mornings each month. He dealt with 163 individual children who totalled 241 attendances; cases can be divided into two main groups. The first group comprised 79 with aural symptoms, 48 of these were suffering from otitis media. Of these 48 patients, 15 were referred for hospital treatment, 3 requiring mastoid operations; the remaining 33 had careful aural toilet and antibiotic injections at the clinic; purulent discharges ceased with improvement in hearing. Non-otitis media cases complaining of various degrees of deafness numbered 31; after audiometric checks 11 were provided with hearing aids, two were admitted to hospital for operations. When a case of deafness in an ordinary school was not much helped by wearing a hearing aid, the Senior School Medical Officer considered transfer to Odsal Special Day School. The second group of cases, 84, had throat or nasal troubles. Tonsillectomy was arranged for 49; 13 attended hospital for X-ray examination of sinuses, of these 3 were admitted later for antral lavage.

Many of the cases classified above were first discovered by school medical officers, others were found to have defaulted from earlier treatment.

Lip Reading

Miss Varey, a trained Teacher of the Deaf, attended the Central Clinic each Monday from 4.0 p.m. to 5.0 p.m. to instruct a small group of partially deaf pupils who did not require transfer to Odsal Special School. It was possible within the hour to teach the group some theory of lip reading and let each individual child practise. The children watched carefully and eventually became able to lip read easily.

A special enquiry into the hearing of 25 cerebral palsied children at Lister Lane Special School for Physically Handicapped was undertaken in November 1957 by Miss Bland, Head Teacher of Odsal Special School for Deaf Pupils, using a Peter's Diagnostic Audiometer and Speech Discrimination Tests. Most of the children responded very well to both sets of tests; a few were slow in indicating that they had heard the sound signals, this was due to physical difficulty in raising their hands or nodding their heads. Several cases showed evidence of slight hearing loss for high tones; five were sufficiently affected to have difficulty with the consonants "S, Sh, T and Ch" which was reflected in their own speech. In each case where this kind of voice defect was noticeable, help was already being given weekly by the visiting speech therapist; no further treatment was considered necessary.

Speech Therapy

In May 1957 Mr. F. Brook, our enthusiastic part-time therapist, resigned; some of his researches are recorded in a new book entitled "Stammering and its Treatment". In September Miss MacNamara joined Miss Ayrton in a full-time capacity; they together spent 16 sessions each week at the Central Clinic, two at Odsal Clinic and two at Lister Lane Special Day School for Physically Handicapped Pupils.

During the year, 1,664 attendances for treatment were made by 259 patients of whom 61 were carried forward from 1956. Of the 59 children discharged, 25 were completely adjusted; 10 showed considerable improvement; 7 required only diagnostic interviews and advice; 17 showed little improvement. The disappointing results in the last group of 17 were generally due to lack of parental co-operation and low speech standards in the home.

Half of the cases suffered from disorders of articulation; the remainder were subdivided into stammering, delayed development of speech or abnormal nasal resonance, which includes cleft palate defects. Seventeen out of the 259 patients were less than five years old; here direct therapy was not always practicable but advice to anxious parents was most necessary. Anxiety was often found to have a devastating effect on emotional and language development; the results of attention to such

young children were most gratifying. They were kept under frequent supervision, especially during the critical period of starting school attendance; the co-operation of head teachers was enlisted in order that any upsets could be noticed early and sympathetically settled. Speech is an expression of feeling, a revelation of personality and thus an instrument for shaping the person's environment. If defective, it thwarts normal development as do physical handicaps, though this significant point is not generally appreciated. The treatment of speech disorders, therefore, has wide implications beyond the obvious need of corrections.

Physiotherapy

A busy year again has been experienced at Manor Row Central School Clinic, Odsal Clinic and Lister Lane Special Day School for Physically Handicapped Children.

The staff at the beginning of the year stood at only two full-time and two part-time physiotherapists, the full establishment being four full-time staff. In April, Mrs. Blundell was appointed full time to divide her work between maternity and child welfare clinics, the Occupation Centre for the treatment of ineducable Cerebral Palsied Children, and because of acute shortage of staff, two sessions at Manor Row Clinic. The establishment for all departments now is raised to five. Since May the ante-natal Relaxation Classes have been considerably extended and are now held at the following Clinics: Green Lane, Usher Street, Saint Street, Lapage Street, Odsal and Swain House, as well as the usual classes at Edmund Street Maternity and Child Welfare Clinic.

In May, Miss Pearson attended a fortnight's course on the treatment of Cerebral Palsy at Tavistock House, London.

The physiotherapy given at Lister Lane consisted of remedial exercises, ultra violet light treatment, and in conjunction with the surgical instrument makers, the constant supervision of calipers, special footwear and other appliances. The main conditions dealt with were Infantile Paralysis, Cerebral Palsy, Perthe's Disease, Spina Bifida, Pseudo-hypertrophic muscular dystrophy and chronic chest conditions, viz: Asthma and bronchiectasis.

At Manor Row and Odsal the figures below show the types of cases treated and from which schools they are drawn:—

Condition treated:

Foot disabilities	..	..	90
Posture—poor	..	..	59
Kyphosis	..	..	2
Scoliosis	..	..	4
Pigeon Chest	..	..	4
Mouth-breather	..	..	3
Asthma	..	..	13
Bronchitis and catarrh	..	..	10
Bronchiectasis	..	..	3
Other chest conditions	..	..	6
Cerebral Palsy	..	..	1
Recent injuries	..	..	2

These came from the following schools:

Grammar Schools	..	..	40
Secondary Schools	..	..	29
Primary Schools	..	..	120
Nursery Schools	..	..	2
Special Schools	..	..	4
College of Art	..	..	1
Boys made	..	1,801 attendances	
Girls made	..	2,021 attendances	

Discharges:

Cured	..	..	..	..	..	63
Very much improved	..	..	..	..	..	53
Improved	..	..	..	..	..	45
Unchanged	..	..	..	..	..	10
Self Discharged	..	..	..	..	..	26
Declined treatment	..	..	..	..	..	4
Referred to Orthopaedic Surgeon	..	..	..	..	..	4
Transferred to Special School	..	..	..	..	..	2
Referred to Linton	..	..	..	..	..	1
Left school before completing treatment	..	..	..	..	..	4
Requested to continue exercises at school	..	..	..	..	..	1
Left the district	..	..	..	..	..	1
Found not to require treatment after being referred	..	..	..	..	..	2

The following figures show the extent of ultra violet light treatment given at Manor Row to school children:

CASES TREATED BY ARTIFICIAL SUNLIGHT

Defect	No. of Children	Average No. of weeks	Minimum No. of weeks	Maximum No. of weeks	Number of Exposures															Signs of Improvement						Result of Treatment			
					Minutes															Temperament Energy Sleep Nutrition Haemoglobin Condition Cleared Much Slight No Change									
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15										
Anaemia	..	21	9-0	7-0	15-5	27	29	33	32	29	28	29	29	25	29	30	25	21	19	16	5	7	5	-	5	7	11	3	-
Anorexia	..	1	8-0	—	—	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	-	-	-	-	-	-	1	-	-
Asthma	..	12	8-5	6-0	14-0	16	19	18	17	19	16	15	13	16	15	15	16	11	13	12	2	2	1	-	4	2	8	2	-
Bronchitis	..	19	9-0	7-0	16-0	21	23	25	26	29	27	26	26	24	20	20	19	17	18	15	2	3	3	-	4	3	15	1	-
Bronchial Catarrh	..	9	9-0	7-5	13-0	10	12	12	11	12	12	11	12	10	10	9	10	9	10	7	-	-	1	-	4	3	5	1	-
Debility	..	16	8-0	7-0	10-5	17	19	19	23	22	20	17	23	21	19	19	19	17	15	12	4	5	5	-	6	5	9	2	-
Frequent Colds	..	53	9-0	7-0	15-0	61	72	70	77	72	74	77	73	71	63	64	61	59	53	42	6	12	14	1	12	16	31	5	1
Nasal Catarrh	..	6	8-0	7-0	10-5	6	6	6	7	9	7	7	7	6	7	6	8	7	6	4	-	2	2	-	3	3	3	-	-
Skin Diseases	..	14	8-0	6-5	13-0	14	16	16	18	16	19	21	17	19	15	14	11	12	11	10	2	2	2	2	5	4	9	-	1
Other Defects	..	55	8-5	6-5	13-5	66	69	74	81	76	79	75	68	70	68	64	60	58	50	38	7	13	10	1	16	15	36	3	1

CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE THE COURSE

Defect	No. of Children	Average No. of Weeks	Minimum No. of Weeks	Maximum No. of Weeks	Minutes										Defaulted	Parent declined treatment	Admitted Linton Special School	Transferred to hospital	Purchased own lamp	Withdrawn by private doctor	Left school
					1	2	3	4	5	6	7	8	9	10							
Anaemia	3	4.5	3.0	5.0	3	4	4	2	2	2	2	2	1	1	2	1	-	-	-	-	
Anorexia	1	4.0	—	—	1	1	1	1	1	1	1	1	1	-	1	-	-	-	-	-	
Asthma	2	2.0	1.0	3.0	2	2	1	1	1	1	1	-	-	-	-	1	1	-	-	-	
Bronchitis	4	4.0	3.5	5.0	5	6	6	5	4	2	2	1	1	1	4	-	-	-	-	-	
Bronchial Catarrh	3	3.0	1.5	6.0	3	4	4	1	2	1	1	1	1	2	2	-	-	1	-	-	
Debility	3	3.0	1.0	5.5	3	4	2	2	3	2	1	1	-	-	2	-	1	-	-	-	
Frequent Colds	11	3.5	1.0	6.5	12	13	12	8	7	5	2	1	-	11	-	-	-	-	-	-	
Nasal Catarrh	1	2.5	—	—	5	3	2	2	2	1	2	-	-	1	-	-	-	-	-	-	
Skin Diseases	5	4.0	1.0	6.0	7	6	3	2	2	2	2	3	3	1	1	1	-	1	2	-	
Other Defects	16	4.0	1.5	7.5	24	22	21	12	11	8	11	7	5	5	13	2	-	1	-	1	

Medical Inspection

During 1957, medical inspection of children in age groups 5 and 9 was carried out as usual. Children in secondary modern schools were examined at the age of 14 years instead of at 13 as before. Thus the final school medical inspection was brought nearer to the school leaving age, giving better opportunity for inquiry into the type of work which the pupil proposed to do. Often, even serious defects have cleared up or improved considerably by the time a child is 14, but where this is not so, advice is given to the parent and to the Juvenile Employment Bureau concerning unsuitable or harmful occupations which the school leaver might otherwise follow. Where school leavers missed the final medical inspection owing to absence from school, an appointment for examination was made at the Clinic during their last term.

In grammar schools all children of 12 years of age and over are examined annually, an arrangement which could with advantage be extended to the pupils of secondary modern schools.

Children in nursery schools are seen each month by the school doctor, thus ensuring early recognition and treatment of defects. At all school medical inspections children outside the routine age group are specially examined at the request of parent or teacher. Successful local scholarship candidates were medically examined before admission to grammar school; scholars transferred from other areas to city grammar or central schools were also examined prior to or immediately after admission. Scholars in grammar schools known to be intending teachers had a special examination at about the age of 16 in order to eliminate as far as possible any candidate who, on medical grounds, would not be accepted for college and/or for superannuation. Where necessary a specialist's opinion was obtained.

In accordance with the Ministry's requirements all schools in the area had a periodic medical inspection during 1957. Prior to the inspection, forms were distributed requesting the presence of parent or guardian, a written consent to immunisation, a list of the child's previous illnesses and prophylactic inoculations and the name of the family doctor. At the infant and primary school inspections, nearly all children were accompanied by parent or friend, but many pupils came alone to secondary modern or grammar school examinations. A special effort should be made to secure the presence of relative or friend at the child's final school medical inspection.

Co-operation between parent and school medical personnel was again satisfactory. Advice was readily accepted and suggested treatment carried out. In the isolated instance where opposition was encountered, a visit by the School Nursing Sister was sufficient to ensure compliance. Scholars now take medical inspection as part of their school routine; protest is rare from even the youngest pupil.

The presence of a teacher at school medical inspections is very desirable. Information about school attendance, behaviour, home background, etc., is available, defects can be jointly considered and any necessary modification of school curriculum arranged.

Many schools are still without a medical room. We much appreciated the readiness with which staff room or classroom was placed at our disposal, often at no little inconvenience to the teaching staff.

Some schools hold remedial classes for the treatment of minor postural and foot defects. These facilities could, with advantage, be extended to all schools, leaving the more serious cases to the Physiotherapy Department at Manor Row.

The standard of health among school children remained good. Nutrition was excellent in the majority of cases, poor in only 0.7 per cent of the children examined. School meals and milk have done much to improve the physique of children of school age, cod liver oil and orange juice are of proven value to the under fives.

Lack of rest is still a problem, made more difficult by the advent of television. Many children in secondary modern and grammar schools go to bed far too late. Otherwise careful parents do not appear to realise the importance of adequate rest and are unco-operative on this point in spite of repeated advice and warning by the school medical staff. The custom followed by some Bradford schools of incorporating an "official" bedtime in the school rules is excellent and should be extended to all senior schools.

During 1957 the annual sight testing was extended to include 5 and 6-year-olds, and it is hoped to continue this practice. The unaltered high incidence of defective vision indicates the importance of this aspect of school medical inspection. Treatment for a child with badly defective or deteriorating vision was insisted on, a house visit being paid by the school nursing sister where the parent proved obstructive. Teachers proved of help in ensuring that glasses were worn regularly in school. Children found with defects at medical inspection were put

under observation or referred for treatment by school clinic or family doctor. Where necessary a specialist's opinion was obtained. Cases needing observation were seen in school after a few weeks' interval. Most defects were found cured or having treatment. In the few instances where treatment had not been obtained or had lapsed, a home visit by the School Nursing Sister gave satisfactory results in almost all cases.

As in previous years, hygiene inspections were carried out periodically in all schools by the School Nursing Sisters and hygiene attendants. While the detection of head infestation is important, the great value of these inspections lies in the discovery of defects in their early stages so that the machinery for appropriate treatment can be set in motion. Teachers welcomed the opportunity of bringing forward cases of squint, mental retardation, suspected visual or hearing defects, etc., and immediate investigation of these cases was undertaken by the school medical personnel and suitable treatment advised. All cases of head infestation were notified to the parent—severe or persistent cases were excluded from school.

The seven school clinics provided facilities for the treatment of visual, hearing, speech, orthopaedic, dental and other defects. Medicines and domiciliary treatment were not included. Physically or mentally handicapped children were transferred to special schools where necessary.

A census of all children of school age in the city is taken annually by the school welfare officers. Five-year-olds whose names are not on any school register are reported to the School Medical Officer who arranges for a medical examination at the school clinic or obtains evidence that the child is unfit to attend school.

Infectious Diseases

A copy of a "Vade Mecum concerning Infectious Diseases" is issued to all head teachers in the city. No teacher or scholar shall attend school if suffering, or suspected to be suffering, from any infectious or contagious disease. If a teacher suspects a child in school to be suffering from such a disease, he must report to the head teacher who, if circumstances warrant, will exclude the child from school, inform the parent or guardian of the reason for exclusion and notify the Senior School Medical Officer. If necessary a nurse is sent to the school concerned to

examine contacts, take ear, nose and throat swabs if thought advisable, and carry out any other precautionary measures which may help to control the spread of infection. A school medical officer also visits the school if necessary.

Notifiable infectious diseases are reported to the Medical Officer of Health by school medical officers and private practitioners. All such cases are visited by a health visitor or public health inspector who gives advice to parents on the care of patient and contacts. Admission to hospital may be arranged; in some cases contacts are excluded from school.

Co-operation of Parents, Teachers, School Welfare Officers and Voluntary Bodies

Except in a few cases parental co-operation with the school medical staff was satisfactory. The help given by many teachers in encouraging attendance at medical and dental clinics is much appreciated. Co-operation between school attendance and school medical departments is very important.

The school welfare officer can often persuade reluctant parents to visit clinic or family doctor for necessary treatment. Persistent absence from school is investigated and the children in question may be examined by the school medical officer at the request of the school attendance department. In some cases a holiday at Morecambe or a period at an open air school results in a much better record of school attendance.

During 1957 many children again enjoyed a holiday at Hest Bank Home under the auspices of the Cinderella Club. Each child was examined prior to travelling by a member of the school medical staff. Children recovering from illness or accident enjoyed a much appreciated holiday at Craig Home, Morecambe.

The help given by the Victoria Convalescent Fund in this respect is gratefully acknowledged. Tribute must be paid to the N.S.P.C.C. for their help in advising problem families and persuading reluctant parents to have necessary medical attention for their children.

Periodic Medical Inspections

(a) General Condition

In accordance with the Ministry's regulations the general condition of children is now classified as satisfactory or unsatisfactory. The

physical condition of the various age groups medically examined during 1957 is shown in the following table:—

Age Group Inspected	Number of Pupils	Satisfactory % of Col. 2	Unsatisfactory % of Col. 2
1	2	3	4
Entrants	3,899	98.4	1.6
Second Age Group	5,239	99.5	0.5
Third Age Group	1,874	99.5	0.5
Additional Periodic Inspections ..	5,118	99.7	0.3
Total	16,130	99.3	0.7

(b) *Diseases of the Skin*

During 1957, 1,483 cases of skin disease were found at periodic inspections, 438 at special inspections, 985 of these required treatment, 498 observation only. No case of scabies or ringworm of the scalp was found.

(c) *Visual Defects and Diseases of the Eye*

The total number of cases of defective vision found at periodic and special inspections during 1957 was 2,967. Of these, 1,266 required treatment and 1,701 observation. The latter group consisted mainly of children already wearing suitable glasses.

609 cases of squint were found of which 234 were referred for treatment. Cases of eye disease other than squint numbered 245. Of these 74 required observation only.

(d) *Ear Disease and Hearing Defects*

During 1957, 348 cases of defective hearing were found at periodic inspections, 113 cases at special inspections. The total number of cases of otitis media was 329, of which 92 required treatment, 237 observation only. Other cases of ear disease numbered 332, of which 206 were referred for treatment.

(e) *Nose and Throat Defects*

At periodic medical inspections during 1957, 1,475 cases of nose and throat defect were found. Of these 423 required treatment, 1,052 observation only. At special inspections 183 cases needed treatment. 85 cases were placed under observation.

(f) *Speech Defects*

Out of a total of 212 cases of defective speech found at periodic and special inspections, 109 were referred for treatment. The remaining 103 cases needed observation only.

Comparative figures for previous years are shown in the following table:—

Year	Total Number of Cases	Needing Treatment
1953	158	99
1954	222	125
1955	200	110
1956	216	111
1957	212	109

(g) *Lymphatic Glands (Non-Tubercular)*

At periodic and special inspections 426 children were found to have enlarged lymphatic glands. Only 50 required treatment.

(h) *Heart and Circulatory Diseases*

The total number of cases of defect or disease of the heart or circulation was 511. Of these 169 were referred for treatment. The remaining 342 needed observation only.

(i) *Lungs*

During 1957 the number of cases of non-tubercular lung disease such as bronchitis, asthma, bronchial catarrh, etc., was 774, of which 588 were found at periodic inspections and 186 at special inspections. 301 cases required treatment.

(j) *Developmental Defects*

302 cases of developmental defect were found at periodic and special inspections. This number included 64 cases of hernia, 20 of which needed treatment.

(k) *Orthopaedic Defects*

Orthopaedic defects found during 1957 are shown in the following table:—

Type	Periodic Inspections	Special Inspections
Posture ..	367	39
Feet ..	348	82
Other ..	681	44

Out of the total number of 1,561 cases, 833 were referred for treatment.

(l) *Nervous System*

Cases of epilepsy numbered 53, 31 of which were referred for treatment. Cases other than epilepsy totalled 361, of which 199 required observation only.

(m) *Psychological Defects*

These are shown in the following table:—

		Total	Needing Treatment	Observation Only
(a) Developmental	..	165	70	95
(b) Stability	..	164	57	107

(n) *Abdomen*

A total of 75 cases of abdominal disease was found at periodic and special inspections. Of these, 24 needed treatment, 51 observation only.

(o) *Miscellaneous*

Other defects not classified under the above headings numbered 753. Treatment was necessary in 569 cases.

Inspection of School Premises

						Conditions found	
Items in Schools reported on:						County Schools Inspected	Voluntary Schools Inspected
1. Surroundings:	Open	..	..	..	..	59	23
	Congested	..	..	..	..	38	26
2. Playground:	Adequacy	..	..	Satisfactory	..	78	30
				Unsatisfactory	..	19	19
	Surface	..	..	Satisfactory	..	78	36
				Unsatisfactory	..	19	13
	Tidiness	..	..	Satisfactory	..	92	48
				Unsatisfactory	..	5	1
	Condition of dustbins			Satisfactory	..	94	42
				Unsatisfactory	..	3	7
3. Classrooms:	Number	..	..	Satisfactory	..	91	34
				Unsatisfactory	..	6	15
	Adequacy	..	..	Satisfactory	..	83	33
				Unsatisfactory	..	14	16
	Condition of Walls and Floors	..	..	Satisfactory	..	50	15
				Unsatisfactory	..	47	34
	Means of preventing and removing dust			Satisfactory	..	95	48
				Unsatisfactory	..	1	1
	Waste receptacles	..	..	Satisfactory	..	96	47
				Unsatisfactory	..	1	2

Items in Schools reported on:						Conditions found	
						County Schools Inspected	Voluntary Schools Inspected
4.	Desks:	Type	Satisfactory ..	95	46		
			Unsatisfactory ..	2	3		
	Suitability	Satisfactory ..	94	43			
			Unsatisfactory ..	3	6		
5.	Blackboards:	.. .. .	Satisfactory ..	92	47		
			Unsatisfactory ..	5	2		
	Do surfaces shine? ..	Yes .. .	5	3			
		No .. .	92	46			
6.	Ventilation:	Method .. .	Natural .. .	72	49		
			Artificial .. .	25	—		
	Efficiency .. .	Satisfactory ..	88	42			
			Unsatisfactory ..	9	7		
7.	Lighting:	Natural .. .	Satisfactory ..	89	44		
			Unsatisfactory ..	8	5		
8.	Lighting:	Artificial .. .	Satisfactory ..	84	37		
			Unsatisfactory ..	13	12		
9.	Heating:	Method .. .	Satisfactory ..	97	49		
			Unsatisfactory ..	2	—		
	Efficiency .. .	Satisfactory ..	87	40			
			Unsatisfactory ..	10	9		
	Are room temperature charts kept up-to-date	Yes .. .	13	4			
		No .. .	84	45			
10.	Medical Room:	.. .. .	Present .. .	24	6		
			Absent .. .	73	43		
11.	Staff Rooms:	.. .. .	Satisfactory ..	78	27		
			Unsatisfactory ..	19	22		
12.	Drinking Water:	Adequacy of cups, jets, etc. .. .	Adequate .. .	54	30		
			Inadequate .. .	43	19		
13.	Dining Rooms:	.. .. .	Present .. .	60	17		
			Absent .. .	37	32		
14.	Wash Basins:	Number .. .	Adequate .. .	57	25		
			Inadequate .. .	40	24		
	Suitability .. .	Satisfactory ..	63	20			
			Unsatisfactory ..	34	29		
15.	Towels:	Adequacy .. .	Satisfactory ..	95	45		
			Unsatisfactory ..	2	4		
	Condition .. .	Satisfactory ..	91	43			
			Unsatisfactory ..	6	6		
16.	Showers:	.. .. .	Present .. .	8	1		
			Absent .. .	89	48		

Items in Schools reported on:					Conditions found	
					County Schools Inspected	Voluntary Schools Inspected
17.	Cloak Rooms:	..	..	..	Satisfactory .. 82	36
					Unsatisfactory .. 15	13
18.	Drying facilities:	..	..	..	Present .. 38	29
					Absent .. 59	20
19.	Sanitary	W.C.s	..	..	Adequate .. 65	27
	Offices:	Number	..	..	Inadequate .. 32	22
		Type	..	..	Satisfactory .. 95	48
					Unsatisfactory .. 2	1
		Condition	..	..	Satisfactory .. 78	35
					Unsatisfactory .. 19	14
		Method and efficiency				
		of flushing	..	..	Satisfactory .. 93	47
					Unsatisfactory .. 4	2
		Number of W.C.s with			Present and	
		bolts on inside of doors			adequate .. 23	6
		and sanitary bins re-			Absent or	
		reserved for older girls			inadequate .. —	—
		Urinals	..	..	Adequate .. 65	34
					Inadequate .. 17	11
		Flushing	..	..	Satisfactory .. 67	36
					Unsatisfactory .. 15	9

School Clinics

Location of School Clinics in Bradford

Central School Clinic and Offices	28a Manor Row
Edmund Street Branch Clinic	20 Edmund Street, Little Horton Lane
Green Lane	Green Lane, Manningham
Lapage Street	Carrington Street, Bradford Moor
Odsal	55 Odsal Road
Saint Street	Saint Street, Great Horton
Usher Street	Usher Street, Wakefield Road
Bierley	Dunsford Avenue, Bierley
(Minor ailments only)	

The Central Clinic and Offices remain open five and a half days per week; branch clinics are open each morning from 9.0 to 10.0 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic (with the exception of Bierley) on Wednesday and Saturday mornings for consultations.

Extra activities undertaken by members of the School Health Service included talks to parent-teacher associations, evening examination of children proceeding to Hest Bank Convalescent Home in Morecambe, examination of police court cases going to remand homes, supervision of the Residential Approved School for Delinquent Boys at Ilkley, certification of mental defectives with reports to the Mental Health Service and examination of prospective teachers with reports as required to the Ministry of Education.

The constant endeavour to help all types of handicapped children as early as possible was supported by information received from many sources, e.g. family doctors, the Maternity and Child Welfare Department and hospitals. Some needed official ascertainment as suitable for special schooling; a few, unfortunately, were ineducable.

A small number of pupils affected by cerebral palsy to a slight extent attend ordinary schools.

School Nursing

The Education Act, 1944, recommended that at some future date, nurses employed as school nurses should hold the Health Visitors' Certificate. This recommendation was again repeated in School Health and Handicapped Pupils Regulations, 1953. In Bradford, since integration of the school nursing service with the health visiting service commenced in 1952, there has been an increase in the number of health visitors undertaking school nursing work.

During 1957 seventeen health visitors employed by the Health and Education Departments carried out school nursing in their duties, in addition to thirteen nurses who do not hold the Health Visitors' Certificate. Two of these nurses are employed full time at special schools. Six nursing assistants are employed to assist qualified staff.

Teachers are becoming aware of the health visitor-school nurse who, as a social worker and by her knowledge of home backgrounds, is in a good position to co-operate with teachers and medical officers for the health and mental well-being of the children; thus many more social problems are brought to light.

She finds herself deeply concerned with prevention of child neglect and family break-up, recognising that it is infinitely better to spend time and effort in helping neglectful parents improve their standards of child care than to allow the removal of children from their homes.

She has participated in the teaching of parentcraft to schoolgirls, and in other ways, at an increasing rate, has extended her sphere of influence.

It is interesting to compare some figures taken from the Annual Report of 1951 with the figures for 1957:—

	1951	1957
Visits to schools	704	2,732
Visits to homes	96	2,889
Inspection of children by nurses ..	70,123	155,826

A large part of the credit for lessening head lice infestation must be given to our six nursing assistants.

Summary of Nurses' Work Sheets, 1957

Number of home visits:

In connection with Medical Research Council's B.C.G. Vaccine Trials	1,035	
In connection with head infestation and general hygiene	407	
To follow up defects found	1,118	
For hospital after-care	329	
	<hr/>	2,889

Number of school visits:

For inspection for head infestation and hygiene	1,846	
For preparation, weighing, measuring, vision testing, etc.	886	2,732
	<hr/>	

Number of personal inspections in schools:

For head infestation and hygiene	126,313	
For preparation, weighing, measuring, vision testing, etc.	29,519	
	<hr/>	155,832

Other defects:

Uncleanliness of body	24	
Ringworm	—	
Scabies	1	
Impetigo	36	
Inflammatory eye condition	58	
Defective vision	674	
Squint	101	
Otorrhoea	17	
Infectious diseases	4	
Other conditions	211	
	<hr/>	1,126

Special Educational Treatment

Bradford children accommodated in Institutions not maintained by the Authority.

Institution	Handicap	No.
Sheffield School for the Blind, 20 Manchester Road, Sheffield 10	Blind	2
York School for the Blind	"	5
Royal Normal College for the Blind, Roughton Castle, Shrewsbury	"	1
Royal National Institute for the Blind, Sunshine Home, Leamington Spa	"	1
Worcester College for the Blind	"	1
Hethersett College for Blind Adolescents, Surrey ..	"	1
Henshaw School for the Blind, Manchester	"	1
Condoover Hall School, Shrewsbury	Blind/E.S.N.	1
Burton Park School, Hersham, Walton-on-Thames ..	Deaf	1
St. John's School, Boston Spa	"	2
Maud Maxfield School, Sheffield	"	1
St. George's Hostel, Vine Street, Salford.. ..	Diabetic	1
Shaftesbury House, Rustington, Sussex	"	1
Colthurst House School, Warford, Aldersley Edge, Cheshire	Epileptic	1
Lingfield Colony, Lingfield, Surrey	"	5
Dr. Barnardo's Homes, Spring Hall, Ripon	E.S.N.	1
Grafton Day Special School	"	1
Ian Tetley Memorial Home, Killinghall, Harrogate ..	P.H.	1
Hensley Hall School, Tickhill, Doncaster.. ..	"	1
Wilfred Pickles School, Tixover, Grange	"	1

Awaiting Admission: None.

Analysis of Cases seen by Mr. Benson, Ophthalmic Surgeon, and Dr. Robertson, Ophthalmologist, at the School Clinics

	Children of School Age	Pre-School Children	Total
Errors of refraction	1,084	4	1,088
Squint	267	63	330
Other defects.. .. .	7	7	14
		Grand Total	1,482
Referred to hospital for operation.. ..	2	3	
Referred to hospital for orthoptic treatment	99	2	
Number of pupils for whom spectacles were			
(a) Prescribed	1,056		
(b) Obtained	907		

During the year Mr. Benson examined all children in attendance at the Temple Bank School for Partially Sighted Children.

Chiropody

During the year 293 children were treated by Mr. Dalby at Manor Row Central Clinic. An average of 20 children attended the weekly three-hour session. A total of 1,003 visits were recorded over 48 treatment sessions, each patient making on an average 2.4 attendances before being discharged.

Approximately 80 per cent of cases were verrucae; very rarely did these recur when removed by chemical cautery. Several patients with flat feet, hallux valgus, etc., were referred to the Physiotherapy Department.

Linton Residential Special School for Delicate Pupils

Accommodation was provided for 90 delicate and 30 maladjusted pupils; the latter being referred from the child guidance clinic and reviewed by the psychiatrist once during the year. Ages ranged from 8 to 16 years. Dr. Langley conducted three medical inspections in March, July and September. Mr. Morrell inspected children's teeth twice, gave necessary treatment at the same time and arranged that non-urgent treatment should be completed during the following vacation in Bradford.

There was no case of any infectious disease. Dr. Wynn, of Addingham, visited regularly for usual domiciliary medical treatment, and also came promptly whenever requested by telephone. Sister Wilson attended to an average number of 45 patients daily; on occasions she also gave attention to the 28 adult staff, as did Dr. Wynn. The 15 enuretics were tested, and if necessary, treated for presence of thread worm; otherwise no special treatment was given apart from taking the children to the toilet at 10.30 p.m.

Lister Lane Special Day School for Physically Handicapped Pupils

At the end of 1957 there were 160 children on roll, from 3 years of age to 16, suffering mainly from the following disabilities:—

Infantile paralysis, spastic paralysis, osteomyelitis, spina bifida, talipes, amputations, Perthe's disease, cardiac disease, haemophilia, chorea, asthma, and surgical tuberculosis.

During the year 14 children had sufficiently improved to be transferred to ordinary schools. Two girls were admitted to grammar school. Ten senior scholars reached 16 years of age and obtained suitable work.

The school was supervised by the Senior School Medical Officer; the two Orthopaedic Consultants visited the school every month and kept in close touch with treatment.

Operations have been performed in hospitals by the same two surgeons; physiotherapy treatment has been given to improve or minimise disabilities by the two Physiotherapists.

Much improvement has been made among the cerebral palsy children with speech defects as a result of the weekly visit of the Speech Therapist.

The School Nurse supervises every child daily, gives medicine and treatment where necessary, and visits the homes of children who are absent. This close contact has been very beneficial.

Every term parents are invited to come to school and discuss problems with the staff, friendly interchange of ideas fosters a good feeling between home and school.

The organisation of the school is suited to the special conditions obtained here. In the seven classes, the children are graded mainly according to age, but sometimes according to ability and aptitude. The curriculum carried out is as near to that of an ordinary school as possible with interruption for physiotherapy. A wide age range is found in each class, but the teacher works with individuals, so that every child is catered for. All children are helped to overcome their handicaps in the classroom as well as the physiotherapy department and to enjoy work and play as fully as possible. Children who remain until 16 years of age are trained for suitable, congenial occupations where independence can be developed. In the Commercial, Manual and Housecraft classes, the senior boys and girls find an outlet in their own particular sphere. The teachers encourage them to develop accordingly and stimulate maturity of thought as well as execution of practical ideas.

The children have taken part in competitions which give them encouragement to adventure into fresh fields. About twenty scholars received awards for Handwriting, Essay, Art, and Speech and Drama Examinations. Certificates were also given in connection with swimming. A School Shield with the motto: "*To Travel Hopefully*" adorns the Hall.

Baildon Residential School for Physically Handicapped Pupils

An average number of 25 intern pupils was cared for by Matron McDonnell and her staff of nurses. Medical attention was maintained by Dr. Arthurton, Consultant Paediatrician, and Dr. Woodhead. The Senior School Medical Officer arranged admission of new patients and later discharges. The fifteen admissions included eight cases with congenital heart disease, three with acquired valvular heart disease, one chronic bronchitis with cardiac complication, one chronic chorea, one asthma and one persistent haematuria. The same number of discharges comprised twelve transfers to ordinary schools, two at parents' request and one on becoming sixteen years old.

Regular lessons adjusted to ages within a wide range were given keenly by Miss Stobart and an assistant teacher. Varied out-of-school activities were supervised by nurses whose encouragement of youthful aptitudes was happily displayed on social occasions. Thanks to frequent parties, thoroughly enjoyed by all ages, isolation was dissipated; generous patrons provided gifts and Saturday afternoon film shows.

McMillan Special School for Educationally Sub-Normal Pupils

The number on roll declined to 212 owing to shortage of teachers; during one week in winter attendances were reduced to 75 by influenza. Mr. Capes, master-in-charge of Thorngarth Hostel, died suddenly while on duty. Dr. Bamford, recently approved for ascertainment of E.S.N. pupils, conducted a very thorough examination of all pupils, and wrote new comprehensive reports on those due to leave. Regular attention by nurse made louse infestation of scalp uncommon, despite poor hygienic standards in many homes. One girl, aged fifteen, became a mother, three others were dismissed after court proceedings for organised shop lifting. Seven children were discharged because incapable of deriving educational benefit.

More creditable was an impressive exhibition of Art, Pottery (including throwing on the wheel), Basketwork, Housecraft and Gardening. Two excursions to Bridlington and Scarborough were favoured by warm sunshine, one girl, aged fourteen, had her first view of the sea. New toilets were built to meet the needs of nursery and infant classes.

Odsal House Day School for the Deaf

There was an average number of 106 pupils on roll. The areas served continued to widen, an increasing number of children from surrounding districts were enabled to travel daily and enjoy normal family life in preference to residential schooling. There were 60 severely or totally deaf children and 46 partially deaf pupils. The school, therefore, ran in two distinct streams, providing 6 classes for the severely deaf and 4 classes for the partials. The nursery reception class catered for all very young deaf children entering school. The number of teaching staff fully qualified to teach deaf pupils increased as a result of the success of two members of the staff in the Diploma Examination of the National College of Teachers of the Deaf. Mrs. Dorothy Davies, who was awarded a Class I Diploma, also gained the Elchholz Prize presented to the outstanding candidate of the year.

Out-of-school activities continued to flourish. Football and cricket teams competed in the respective Bradford School Leagues, and both reached a high position in the points table. The School Scout Troop held a successful Whitsuntide Camp, and the boys took part in the District Competitions for the first time. Robert Kilnor, a Patrol Leader, had the honour to represent West Riding Handicapped Scouts at the annual Windsor Parade, and in spite of excitement managed to lip-read H.M. The Queen and reply suitably when she spoke to him. There was an Easter Youth Hostelling visit to North Wales, when 25 scholars, accompanied by 4 members of the staff, spent an interesting week exploring the beauty spots and castles of North Wales. The senior children visited the Bradford Water Reservoirs at Scarr House while the younger children went to Roundhay Park, Leeds.

The Parent-Teacher Association made a special effort to raise £70 at the Annual Garden Party towards the cost of an audiometer; generous donations from friends in the neighbourhood increased the sum to £135, with which a Peter's Diagnostic Audiometer was purchased for use in school. This instrument was specially needed in view of the wide range of electrical apparatus now available to help severely deaf children gain something from the world of sound. The most outstanding feature of the year was the provision of a new group hearing aid, housed in a specially treated room. The necessary acoustic treatment was prescribed by Mr. Johns, of Manchester University, the work was carried out by Bradford Education staff; the result is a most pleasing and efficient piece of apparatus. The children are already responding well

to the amplified sound they enjoy on the group aid. Miss Bland, the Headmistress, was selected to take part in an intensive course on new electrical hearing aids and educational uses of all such apparatus, spending a fortnight at Manchester University on this most useful instruction run by the Ministry of Education.

Co-operation between the school and the Royal Eye and Ear Hospital ensured that all children needing any kind of hospital treatment had attention without delay. Regular visits of the school nurse greatly contributed. The Schools Meals Service has continued to provide wholesome, appetising food to which the children did full justice. Apart from the influenza epidemic the standard of health and the average attendance were very good.

All children leaving school secured worth-while jobs; two pupils went to train for a period of three years at the Manchester Royal Schools for the Deaf Training Schools, in dressmaking and bakery respectively. Two Bradford children were selected to take part in a live B.B.C. Talent programme especially organised for Deaf children. The School Uniform, consisting of green gym-slip and blazer, with white blouse or red jumper, has been enthusiastically adopted by most girls, whilst the boys look very smart in their grey suits, green blazers, caps and red ties. The school badge, a knight in armour riding on horseback with his sword raised in challenge, is intended to represent the gallant fight which all handicapped people must put up if they are to overcome their handicap and live a successful life. It is in this spirit that the school has tried to raise its standards of attainment in all subjects, especially in speech and language. The silver challenge cups presented to the classes making most progress in these subjects helped to maintain interest and enthusiasm.

Temple Bank School for Partially Sighted Pupils

During 1957 the average number on roll was again 64; 4 children were admitted and 7 discharged. The leavers all found employment as shop assistants, mill workers or junior clerks. In addition to general medical inspection by Dr. Woodhead, a number of selected cases were examined on alternate months by Mr. Benson, consultant ophthalmic surgeon. Visitors included the Leeds Senior School Medical Officer with a headmaster interested in partially sighted children, groups of nursery and teaching students.

The interior of the school was decorated in a pleasing colour scheme while equipment was vastly improved by the following: Installation of fluorescent lighting, which is excellently bright without being dazzling; supply of new desks, chairs and books specially designed for partially sighted pupils; small separate dining tables and modern teachers' tables. The medical room was brought more up-to-date with a new Hamblin's sight-testing cabinet, including rotary charts and spotlight. A wooden building was erected in the grounds for the accommodation of pets and garden implements.

School Dental Clinic

There has been no departure from the usual course of dental inspections held in the schools; children having defects were given the opportunity of receiving treatment at the dental clinics. It was not possible to complete examination in all schools.

Three dental officers left the service in October: one to return to South Africa and two to commence private practice. The orthodontist appointed in October 1956 resigned her appointment in February 1957 for family reasons. Notwithstanding the loss of the services of these officers, the work of the dental clinic has been well maintained during the year. We were fortunate in being able to appoint two of our former dental officers on a part-time basis, also a part-time anaesthetist; these appointments helped to relieve the inadequacy of the staff.

Altogether 30,021 children were inspected; 17,324 required treatment and of these 15,984 were offered treatment at the clinic. This does not mean that all the remaining children had absolutely sound dentitions; careful selection is made before treatment is given to those whom it will benefit most.

Under present conditions conservative treatment of the temporary dentition is rarely undertaken; all efforts being directed to preservation of permanent teeth. There was a great demand by the parents for the treatment of irregular teeth and this had an important place in our scheme of treatment. We were fortunate in securing the services of a dental officer who is keenly interested in this type of work, on a part-time basis of two sessions per week. Appliances are made and inserted in the mouth, the children attending at specified intervals for adjustment. During the year 84 children received orthodontic treatment and 51 appliances were made; although ten children failed to complete treat-

ment, 32 were successfully completed—their parents expressing much appreciation.

A brief summary of the work shows that the total number of children actually treated was 10,489; they made 14,086 attendances at the clinic; 3,370 fillings were inserted, 5,769 permanent teeth extracted; 10,424 temporary teeth extracted; 10,628 administrations of general anaesthesia given. Other operations numbered 921 and included: Scaling and cleaning, treatment of gum conditions, silver nitrate treatment and dressings for haemorrhage. Small dentures were supplied to 59 children owing to loss of anterior teeth. The main cause of this was accidents such as falling off cycles or blows on the mouth.

Linton Residential School was visited twice during the year for dental inspection immediately before the summer vacation and again before the school closed for Christmas; children requiring treatment came to the clinic during holidays with their parents.

Moorland House Approved School for Delinquent Boys in Ilkley also received two visits during the year, urgent treatment was carried out at the school and further treatment completed later at the clinic. It is a pleasure to record the great helpfulness of the teachers who are enthusiastic in co-operating with us. They not only give explanations to scholars and parents but also render invaluable assistance by enabling children to keep appointments, so that the percentage of lapses is now quite small. There are still parents who are quite satisfied to have their children's teeth extracted, but object when it comes to the question of conservative treatment by means of filling the teeth. The most potent means of overcoming this resistance is the information given at the clinic when the parents attend with their children. They observe what takes place, the dental surgeon explains how the clinic can be of service to their children.

The Dental Department in Odsal Clinic continues to function very satisfactorily; Mr. Metcalfe gives the following report: During the year 1957, a total of 4,894 children were examined in 22 schools. The total number of children on roll at the schools was 5,447, but there were 553 absentees at the time of inspection. Of those examined 1,407 were referred to Odsal Clinic, 694 went to their own private dentists and 392 were found to be already undergoing a course of treatment either at the Odsal Clinic or at Manor Row Clinic. Emphasis was laid upon preventive, conservative and orthodontic treatment, and it has been

particularly gratifying to note the interest and co-operation shown by many parents in this last form of treatment.

The total attendances made at Odsal were 2,683; 820 fillings were completed; 737 permanent teeth were extracted and 434 deciduous teeth extracted. For these extractions a general anaesthetic was administered in 622 cases, the rest being accomplished under a local anaesthetic. Other operations performed in 148 cases included scaling and polishing of teeth, treatment of gum conditions, the taking of X-ray films, orthodontic treatment (including the construction of 9 orthodontic appliances), the construction of ten partial dentures and the draining of dental abscesses with subsequent dressing and filling of the root canals.

Mention must be made of the excellent work of Dr. M. A. Tankard, whose visits to the clinic as anaesthetist have been much appreciated. Splendid co-operation has again been received from the head teachers and staff of all schools visited. The appointment system managed by the Dental Attendant continued to function smoothly.

Appendix

Medical Inspection Returns

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A. Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each:—

Entrants	..	..	..	..	3,899
Second Age Group	..	..	..	..	5,239
Third Age Group	..	..	..	..	1,874
Total				..	11,012
Additional Periodic Inspections				..	5,118
Grand total				..	16,130

B. Other Inspections

Number of Special Inspections	..	..	3,538
Number of Re-inspections	..	..	2,413
Total		..	5,951

C. Pupils found to require treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin):—

Age groups inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	86	770	814
Second Age Group	411	801	1,125
Third Age Group	160	242	367
Total	657	1,813	2,306
Additional Periodic Inspections*	346	851	1,122
Grand total	1,002	2,664	3,428

* E.g., pupils at special schools or who missed the usual periodic examination.

D. Classification of the Physical Condition of Pupils inspected in the Age Groups Recorded in Table IA.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory % of Col. (2)	Unsatisfactory % of Col. (2)
(1)	(2)	(3)	(4)
Entrants	3,899	3,836	98.4
Second Age Group	5,239	5,214	99.5
Third Age Group	1,874	1,865	99.5
Additional Periodic Inspections	5,118	5,104	99.7
Total	16,130	16,019	99.3

NOTE.—The figures in Column (2) should normally be the same as those detailed under Table IA.

TABLE II

Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	126,313
(ii) Total number of individual pupils found to be infested	3,190
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

NOTE.—All cases of infestation, however slight, should be recorded.

TABLE III

Return of Defects Found by Medical Inspection in the Year ended 31st December, 1957.

A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL	
		Entrants		Leavers		(including all other age groups inspected)	
		Requir- ing treat- ment	Requir- ing observa- tion	Requir- ing treat- ment	Requir- ing observa- tion	Requir- ing treat- ment	Requir- ing observa- tion
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	120	107	75	62	589	456
5	Eyes:						
	(a) Vision ..	86	64	160	192	*1,002	1,437
	(b) Squint ..	99	102	15	27	208	353
	(c) Other ..	29	10	7	10	97	73
6	Ears:						
	(a) Hearing ..	45	82	14	10	150	198
	(b) Otitis Media	23	83	12	25	80	233
	(c) Other ..	29	21	9	19	114	97
7	Nose and Throat ..	214	487	19	55	423	1,052
8	Speech	46	66	1	3	73	99
9	Lymphatic Glands	28	173	—	25	35	362
10	Heart	25	75	9	38	110	316
11	Lungs	86	167	14	37	169	419
12	Developmental:						
	(a) Hernia ..	5	18	2	1	18	40
	(b) Other ..	3	21	8	9	65	155
13	Orthopaedic:						
	(a) Posture ..	14	20	21	19	212	155
	(b) Feet	28	29	21	13	229	119
	(c) Other ..	46	97	16	45	200	481
14	Nervous System:						
	(a) Epilepsy ..	4	5	4	5	25	19
	(b) Other ..	43	62	10	5	118	167
15	Psychological:						
	(a) Development	13	18	4	2	26	45
	(b) Stability ..	6	25	1	5	16	79
16	Abdomen	12	17	2	4	24	50
17	Other	17	8	6	10	79	53

NOTE.—* This figure should normally be the same as that shown as the grand total of Column (2) of Table I.C ("For defective vision (excluding squint)").

B. SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	396	42
5	Eyes:		
	(a) Vision	264	264
	(b) Squint.. .. .	26	22
	(c) Other	74	1
6	Ears:		
	(a) Hearing	68	45
	(b) Otitis Media	12	4
	(c) Other	92	29
7	Nose and Throat	183	85
8	Speech	36	4
9	Lymphatic Glands	15	14
10	Heart	59	26
11	Lungs.. .. .	132	54
12	Developmental:		
	(a) Hernia.. .. .	2	4
	(b) Other	7	11
13	Orthopaedic:		
	(a) Posture	29	10
	(b) Feet	59	23
	(c) Other	34	10
14	Nervous system:		
	(a) Epilepsy	6	3
	(b) Other	44	32
15	Psychological:		
	(a) Development	44	50
	(b) Stability	41	28
16	Abdomen	—	1
17	Other	490	131

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary
Schools (including Special Schools).

Group 1—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	157	7
Errors of refraction (including squint)	414	1,351
Total	671	1,358
Number of pupils for whom spectacles were prescribed	249	1,056

Group 2—Diseases and Defects of Ear, Nose and Throat

						Number of cases known to have been treated	
						By the Authority	Otherwise
Received operative treatment:							
(a)	for diseases of the ear	..	..	..	..	—	107
(b)	for adenoids and chronic tonsilitis	..	..	..	..	—	1,576
(c)	for other nose and throat conditions	..	..	..	..	—	223
Received other forms of treatment						289	—
Total						289	1,906
Total number of pupils in schools who are known to have been provided with hearing aids:							
* (a)	in 1957	..	..	..	..	—	15
(b)	in previous years	..	..	..	..	—	143

NOTE.—* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

Group 3—Orthopaedic and Postural Defects

						By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments						159	46

Group 4—Diseases of the Skin (excluding uncleanness, for which see Table II)

						Number of cases treated or under treatment during the year by the Authority	
Ringworm—	(i)	Scalp	..	..	..	—
	(ii)	Body	..	..	..	—	1
Scabies	..	..	..	..	..	—	89
Impetigo	..	..	..	..	..	—	1,107
Other skin diseases						1,107	
Total						1,197	

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	..	145
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Group 6—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	..	244
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Group 7—Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority.. .. .	1,431
(b) Pupils who received convalescent treatment under School Health Service arrangements	366
(c) Pupils who received B.C.G. vaccination	1,071
(d) Other than (a), (b) and (c) above (specify):	
(1) Other defects and diseases	730
(2) Pupils treated by Chiropodist	293
Total (a) – (d)	<u>3,891</u>

TABLE V

Dental Inspection and Treatment carried out by the Authority.

1. Number of pupils inspected by the Authority's Dental Officers:		
(a) At periodic inspections	22,431	
(b) As specials	7,590	
	Total (1)	30,021
2. Number found to require treatment	17,324	
3. Number offered treatment.. .. .	15,984	
4. Number actually treated	10,489	
5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf	14,086	
6. Half-days devoted to—Periodic (School) Inspection	207	
Treatment	1,510	
	Total (6)	1,717
7. Fillings—Permanent Teeth	3,326	
Temporary Teeth	44	
	Total (7)	3,370
8. Number of teeth filled—Permanent Teeth	3,040	
Temporary Teeth	42	
	Total (8)	3,082
9. Extractions—Permanent Teeth	5,769	
Temporary	10,424	
	Total (9)	16,193
10. Administration of general anaesthetics for extraction	10,628	
11. Orthodontics:		
(a) Cases commenced during the year	37	
(b) Cases carried forward from previous year	47	
(c) Cases completed during the year	32	
(d) Cases discontinued during the year	10	
(e) Pupils treated with appliances	50	
(f) Removable appliances fitted	46	
(g) Fixed appliances fitted	5	
(h) Total attendances	360	
12. Number of pupils supplied with artificial dentures	59	
13. Other operations:		
Permanent teeth.. .. .	893	
Temporary teeth.. .. .	28	
	Total (13)	<u>921</u>

Annual Report of the Bradford Child Guidance Service for the period April to December 1957

CHILD GUIDANCE CLINIC, SPRING BANK PLACE

Psychiatrist and Director: Dr. Irene Turgel, M.D. (4 sessions per week)

Educational Psychologist: Mrs. K. F. Devereux (full-time)

Psychiatric Social Worker: Miss I. Mellor, P.S.W. (full-time)

CHILD GUIDANCE CLINIC, BARKEREND ROAD (from 1/10/57)

Psychiatrist and Director: Dr. H. Edelston, M.D., D.P.M. (4 sessions per week)

Report of Dr. I. Turgel

The following report covers the cases seen and treated between 1st April and 31st December, 1957. The normal twelve-month period has been curtailed so as to allow future reports to encompass the period 1st January to 31st December to coincide with the annual reports of other Health Services of the City.

For the first five months of the period under review the Clinic was still working with an incomplete staff, but following the appointment of Mrs. Devereux, who commenced her duties on 1st September, there was a full team for the first time since 1956. During the first weeks Mrs. Devereux was fully occupied in testing those children whose treatments had been commenced while no Psychologist was available. By the end of the year twelve children had regular weekly appointments for remedial teaching, chiefly of reading. Of these, six were already

treatment cases, and the others were children who, while not appearing to be seriously disturbed, were failing badly in school and unlikely to improve without individual help. Now that, owing to shortage of staff, there are very few Tutorial classes in the City, there is a larger number of children who could benefit from the work.

The Psychiatric Social Worker saw a large number of cases in addition to those who were receiving psychiatric treatment and coped successfully with the waiting list. She has acted, as in the past, as Liaison Officer between Linton Camp School and the families of the maladjusted children placed there. It is owing to her efforts that we have established and maintained good relationships with all social services in the City, and I should like to express our appreciation, particularly for the co-operation of the Children's Department and the Probation Officers.

Student Health Visitors from Bradford and students from Ripon Training College visited the Clinic in May and September respectively, and were given the opportunity of watching play sessions. All three members of the staff gave lectures to Parent-Teacher Associations and Training College Students, and Dr. Turgel also read a paper to a Study Group of the Leeds Psychiatric Association.

Of the cases seen by the Psychiatrist, the division into diagnostic categories (Table A) has been supplemented by a classification of aetiological factors (Table B) for the course of treatment and the prognosis of a case is largely determined by its causes. It must be emphasized, however, that both classifications as set out are necessarily simplified, and do not do justice to individual cases.

Most children present more than one symptom; for example, bed-wetting was recorded eighteen times this year, but it occurred as an isolated symptom in three cases only. It was associated with behaviour disorders seven times, with delinquency four times, with truancy four times, with nervous symptoms six times and with physical disorders six times. Ten of these cases had compound symptoms.

The children were treated individually or in play groups, according to type and suitability. At Christmas we gave two parties, and it was interesting to see how easily most of the children were able to meet the social demands of this type of situation, especially when we recalled their previous difficulties.

TABLE I *Summary of Cases Interviewed*

Cases brought forward	..	..	..	34 children
New cases	..	..	..	89 ..
Cases carried forward	..	..	..	90 (47 treatment cases (43 under investigation)

TABLE II *Summary of Cases Referred*

Schools	..	..	..	..	14 children
Parents	..	..	..	..	11 ..
School Health Service	..	..	..	..	17 ..
Family Doctors	..	..	..	..	7 ..
Probation Office and Juvenile Court	..	..	..	..	15 ..
Education Department	..	..	..	..	7 ..
Children's Officer	..	..	..	..	5 ..
Hospitals	..	..	..	..	4 ..
Psychologist	..	..	..	..	6 ..
Other Social Agencies	..	..	..	..	3 ..
					<hr/> 89 children <hr/>

Analysis of 80 Children (50 Boys and 30 Girls) seen by Psychiatrist

A. CLASSIFICATION ACCORDING TO PREDOMINANT SYMPTOM

	B/fwd. from 1956/57		Admitted 1957		Total
	Boys	Girls	Boys	Girls	
1. Delinquency (lying, stealing, housebreaking, sex misdemeanour, including 12 Court cases)	5	1	11	3	20
1a. Truancing, reluctance to go to school	4	3	4	3	14
2. Behaviour disorders (out of control, aggressive, negativistic)	4	5	8	2	19
3. Psychosomatic disorders (functional pains, vomiting, fainting, skin disorders, enuresis, soiling)	—	2	8	3	13
4. Nervous or neurotic manifestations (anxiety states, nightmares, hysterical conditions, obsessional neurosis)	4	2	—	3	9
5. Personality disorders, inadequate personalities	—	—	1	2	3
6. Educational backwardness	1	1	—	—	2
					<hr/> 18 14 32 16 80 <hr/>

B. CLASSIFICATION ACCORDING TO AETIOLOGY

	B/fwd. from 1956/57		Admitted in 1957		TOTAL
	Boys	Girls	Boys	Girls	
I. PRIMARILY IN THE CHILD					
1. Organic defects or disorders of the Central Nervous System (including epilepsy) ..	1	—	1	2	4
2. General Immaturity and/or Intellectual Retardation	2	1	1	1	5
3. Emotional Instability or Temperamental Abnormalities	7	4	6	3	20
4. Emotional reactive processes:					
(a) Mental conflicts	3	5	10	8	26
(b) Anti-social character formation ..	—	—	3	—	3
(c) Traumatic experiences, including early separation	—	—	2	—	2
II. PRIMARILY IN THE ENVIRONMENT					
1. Faulty family relationships.. .. .	2	3	3	2	10
2. Inadequate environment	3	1	5	—	9
3. School.. .. .	—	—	1	—	1
	18	14	32	16	80

C. ADMITTED BETWEEN APRIL AND DECEMBER, 1957

	Children
	48 (32 boys 16 girls)
Brought forward from 1956/57	32 (18 boys 14 girls)
Seen for diagnosis only (1-3 interviews)	5
Discharged between April and December 1957 ..	33
Carried forward for further treatment	37
Carried forward for observation.. .. .	10

D. STATUS ON CLOSURE

Improved	16
Very much improved	5
Little or no improvement	2
Placed in Approved School, Dr. Barnardo's Home, etc.	4
<i>Discontinued—</i>	
(a) Lack of co-operation	3
(b) Removed to another district or left school ..	3

E. DISTRIBUTION OF INTELLIGENCE

I.Q. 65 or under	1	} —20%
66 — 75	3	
76 — 85	12	
86 — 95	23	} —65%
96 —105	14	
106 —115	15	
116 —125	4	} —15%
126 or over	8	

REPORT OF DR. H. EDELSTON

This is a short report on the Child Guidance work undertaken from the Mental Health Service's premises on Barkerend Road. This additional clinic began to operate in October 1957.

To begin with, some attempt was made to reduce the long waiting list at the Spring Bank Place Child Guidance Clinic, and cases were transferred to us by Dr. Atkinson, the Senior School Medical Officer. In all, 43 children (21 boys and 22 girls) were called for examination. In 6 cases there was no reply or the child failed to attend, and another 4 asked for no further action after the psychiatric social worker had taken particulars. In the remaining 33 cases action was taken as follows:—

3 children were recommended for Linton Residential Special School.

1 child was recommended to E.S.N. School.

3 mothers were to have sessions with psychiatric social worker.

1 child was recommended to have individual treatment with psychiatrist.

(1 mother was recommended to have individual treatment with psychiatrist).

3 cases were referred to Probation Officers.

8 cases were to receive Play Group Treatment.

9 cases were considered to require no treatment after diagnostic interview.

For 1 child, treatment was refused by parents after diagnostic interview.

3 children were to report back periodically.

Arrangements have been made for our Child Guidance Unit to have the use of the large play-room at Spring Bank Place for one afternoon each week to accommodate our cases for play therapy, and we now have three play groups attending there regularly.

I have the assistance of Miss Cottle of the Mental Health Service as psychiatric social worker and the psychological testing is done by Dr. Leedham, who is engaged in the Mental Health Service on a sessional basis.

To date this new Child Guidance Unit is functioning smoothly and proving itself a necessary and valuable addition to the previously established services.

JUBILEE OF THE SCHOOL HEALTH SERVICE 1908-1958

Introduction

The year 1958 marks the *official* Jubilee of the establishment of the School Health Service in Bradford, for in August, 1908, the Board of Education approved the Local Education Authority's scheme which included the provision of a school clinic and the tentative beginnings of medical treatment for school children. But the seeds of the School Health Service were sown well before 1908.

In 1800 Bradford was a small town occupying less than two thousand acres and having a population of 13,000. During the Industrial Revolution the growth of the town in population, wealth and importance was phenomenal. In the period 1820-1900 the rate of growth was more than double that of England and Wales as a whole.

The Industrial Revolution brought with it great wealth at one end of the scale, but the evils of squalor, hunger, disease and child-labour at the other. Bradford was one of the worst centres of destitution and distress. A Government Inspector, reporting in 1841, said that Bradford was "the most filthy town" he had visited, and noted that 50·8 per cent of all deaths in the town were of children under 5 years of age. Even in 1873, when Dr. Harris Butterfield took office as the first Medical Officer of Health, more than 2,000 young children were dying each year.

Before 1908

The particularly vile condition of much of the town and the disease-ridden lives which so many of its inhabitants were forced to live were, no doubt, circumstances which, in themselves, made it inevitable that, in Bradford before most places, voluntary bodies should spring up and the Town Council should begin to concern itself with measures of amelioration. But the reforms which were to be prosecuted with such vigour, in many fields and usually in advance of the country as a whole, took place on such a scale only because the town was served by a body of citizens of enlightenment and zeal beyond the ordinary.

Under the provisions of the Elementary Education Act, 1870, the Bradford School Board came into being. Very early in the Board's existence it was noticed that many of the children for whom schools had been provided were so frail and ailing that they were unable to benefit as they should have done from the education offered. In 1882 the Registrar-General supplied figures which showed that mortality had increased among children of school age since the new educational system had been established.

Dr. Thomas Whiteside Hime succeeded Dr. Butterfield as Bradford's Medical Officer of Health in 1883. With the Registrar-General's statistics in mind, Dr. Hime wrote at length in his Annual Report for 1884 on the health of the school child. Parts of his report now read as though they had been written many years later. He rejected the suggestion that was being made in certain quarters that the worsening of children's health was due to the injurious effects of the new system and stated that it was partly due to the increasing tempo and stress of "modern" life but mainly to the growing numbers of children of disease-prone stock who were being brought up in unhealthy homes. He noted the dangers of infection spreading through the congregation of children at school and advocated the medical supervision of schools. He attacked unhealthy and badly designed schools and commended the services which a skilled medical adviser would be able to render in the way of preventing general injury to the sight from improper lighting of schools and averting the other ill effects to which bad school management gave rise.

Two other Bradford doctors had become concerned about the eyesight and hearing of school children. Dr. E. Bronner, founder-surgeon of the Eye and Ear Hospital, and his colleague, Dr. J. H. Bell, sought permission to enter local schools to examine the eyes of the children. They tried every Board School but were refused admission. Hearing what had happened, the Rev. C. W. N. Hyne allowed the doctors to enter the Bierley Church School, and the examination they conducted disclosed that no fewer than 70 children were suffering from defective eyesight. Finally, in 1890, Drs. Bronner and Bell were allowed to address a Committee of the School Board, and the members agreed to call a meeting of head and assistant teachers to hear the doctors' views.

It is thought that the provocative writing of Dr. Hime and the actions of Drs. Bronner and Bell had a strong influence on the decision to appoint a Medical Superintendent to the School Board. The appointment of Dr. James Kerr to this position in 1893 was the first step of its kind to be taken in the country, except that three years earlier the London School Board had appointed Sir W. R. Smith to be their School Medical Officer.

Dr. Kerr's duties were strictly defined: he was to visit each Board School department "not less than once every three months and report in writing on the sanitary condition of the premises and the general health of the scholars"; to confer with head teachers "as to whether certain children mentioned by the head teacher are physically capable of proceeding to a higher standard or class"; to "examine and test the

eyesight, hearing and other physical condition of any scholars to whom attention may be called by the head teacher"; and to examine candidates for employment or, when required by the Board, children "who are said to be physically unfit to attend School". There was, it will be noted, no hint of treatment being provided or of any kind of health centre being established.

From the outset the Board wished to extend Dr. Kerr's services to voluntary schools. Not satisfied with a Counsel's opinion that the Board had no power to do this (although he conceded with some air of doubt that the Board *might* be in order in employing a Medical Superintendent for their own schools if he could indeed be described as a "necessary officer"), the School Board wrote to the Local Government Board—only to receive the curt reply that this Government Department was "not aware of any legal authority" enabling the School Board to provide for the examination of children in voluntary schools. Nevertheless, it appears that in the years to come the Medical Superintendent indulged more and more in clandestine activities of this nature.

Other notable steps were taken towards improving the health of school children round about this time. In 1888 the School Board, concerned that physical exercises in schools were confined to "marching, formation and extension motions", made a study of the methods which the Birmingham School Board, in particular, had adopted, appointed a Physical Exercises Superintendent, caused a comprehensive range of exercises to be "encouraged" and arranged public displays and the award of certificates. The first School Baths were provided at Green Lane School in 1899.

School dinners seem to have been provided for the first time in 1892, when permission was given to the Cinderella Club, one of the most prominent of the town's philanthropic bodies, to use certain school cellars free of charge "for the purpose of preparing and serving dinners to poor children during the winter months".

In 1894 Margaret McMillan first became a member of the Bradford School Board. She was appalled at the condition of the children in the poorer districts of the town and immediately threw herself into a relentless campaign which, waged over the next ten years, was to help bring many diverse benefits to the children of Bradford. She advocated, among other measures, the extension of medical inspection of schools, the provision of clinics, school baths, school feeding and open air schools and the abolition of half-time. She wrote:

"In the schools there were children in every stage of illness. Children with adenoids, children with curvature, children in every stage of

neglect and dirt and suffering. . . . The half-timers fell asleep at their desks exhausted”.

Margaret McMillan's chief support came from Dr. Kerr. She sat with him taking notes as he undertook his first medical inspection. This was at the Usher Street Schools and 300 children were examined: obviously the duties for which Dr. Kerr was appointed were already being interpreted with elasticity. The urgent need for teaching breathing exercises was early recognised and Margaret McMillan herself wrote a pamphlet on the subject and this was followed by a pamphlet for mothers on the care of children. A report on children's heads and clothing revealed that over 100 children seen had not had their clothing off for six, seven or even eight months. Fumigating stations were set up and the worst clothing was burnt, the Cinderella Club providing replacements.

In 1902 Dr. Kerr succeeded Sir W. R. Smith in London and in turn was succeeded in Bradford by Dr. R. H. Crowley, who carried on the tradition of school health work which had far outrun the original terms of the Medical Superintendent's appointment until in 1908 he was appointed to the Board of Education.

1908-1918

Parliament, influenced by disturbing findings during recruitment for the Boer War, eventually *required* local education authorities, in the Education (Administrative Provisions) Act, 1907, to provide for the medical inspection of children and *empowered* them to attend to the health and physical condition of children educated in public elementary schools. Bradford, as is indicated above, had to a great extent anticipated the law and, by the time its provisional scheme for attending to the health and physical condition of school children was forwarded to the Board of Education in July, 1908, an effective system was already in existence. More than 3,500 children were being inspected annually at this time and the regular testing of sight and hearing had been undertaken for many years. The Medical Superintendent had been reinforced by the appointment of two assistant medical officers, a man and a woman, and the first school nurse was appointed in August, 1908. The Medical Superintendent's office had served unofficially as a school clinic for some years.

The sanction of the Board of Education to the Authority's scheme was received in August, 1908. This authorised the establishment of a school clinic in the education offices for the treatment of minor ailments such as sores, sore eyes, discharging eyes and ringworm, and for the

testing of children's eyesight; the provision of spectacles, free or at a reduced rate in certain cases; and the employment of a school nurse to assist in the treatment of minor ailments, to visit homes and to advise or assist in remedying the condition of verminous or unclean children. Treatment and spectacles were only to be provided for those children for whom adequate provision could not otherwise be made by parents.

The first official school clinic, then, opened in premises on Manor Row in 1908. An X-ray apparatus was purchased almost at its inception and the clinic's care of scalp ringworm by precision X-ray technique won wide renown. In his 1910 report, the Chief Medical Officer of the Board of Education wrote:

"The School Clinic at Bradford is the most complete in England and has achieved a large amount of pioneer work, which has been of utmost value as a model to many other education authorities throughout the country."

In June, 1908, the Medical Superintendent, then Dr. Lewis A. Williams, had been instructed by the Education Committee to report on the necessity for caring for the teeth of school children. When this report was submitted, the Committee decided to establish a school dental clinic. Apart from three clinics which had been established by philanthropic organisations and were later taken over by local authorities, and apart from a clinic for two half days a week begun at Reading the previous month, the dental clinic in Bradford was the first in the country. Mr. J. Knowles was appointed full-time school dentist in October, 1910. Soon afterwards, the school clinic, after a period in the Town Hall, moved temporarily to Great Horton Road, where it continued until its transfer in 1928 to the premises in Manor Row which are still occupied by the Central School Clinic.

The official establishment of the school clinic had been preceded by the provision of a central kitchen in 1907 at Green Lane School, from which meals for necessitous children were delivered to various schools and dining centres. In the cooking of the meals the heat was utilised which also served the school baths, and heated the school on the same premises. This was not, however, the beginning of the School Meals Service in Bradford. As has been noted, the Cinderella Club had its own scheme; later, meals were prepared in self-supporting dining centres housed in the High Schools and served at a small cost, while necessitous elementary school children were fed by means of money provided by the "Mayor's Fund", which was administered by the Board of Guardians. This fund was opened during the depression which followe

the Boer War. At the same time the Bradford Education Committee made representations to the Board of Education by which they sought permission to provide meals for poor children, only to be informed that they could not lawfully do so. Nevertheless, the need was such that the Education Committee did all that it could to assist and, with other authorities, made further representations to Parliament which ended in the passing of the Education (Provision of Meals) Act, 1906.

After this Act had come into operation, it was not long before meals were being provided during school holidays in advance of statutory permission and, very soon also, annual expenditure on meals was in excess of the halfpenny rate product allowed. This resulted in certain expenditure being disallowed year after year by the Government Auditor and surcharges being made—which, it appears, were paid from the profits of the gas undertaking! Breakfasts were provided from October, 1908, for necessitous children, a practice which continued until superseded by the issue of free milk in 1932.

At this point reference might usefully be made to the memorandum issued to local education authorities by the Board of Education after the passing of the Education (Administrative Provisions) Act, 1907. It is not too much to say that this memorandum has had a profound influence on the improvement in the health of the school child which took place steadily in the years that followed. The memorandum laid stress on the prevention of physical evils, while not neglecting measures for their detection, remedy or cure, and pointed the way to much fruitful co-operation between local education and health authorities. Significant among the improvements to which the ideas expressed in this memorandum contributed have been the almost complete disappearance of blindness among children, the diminution of deafness, the abolition of rickets and the enormous fall in the incidence of tuberculosis, pulmonary or glandular, among children, as well as the constant improvement in the physique and general health of children as a whole.

From the early years of the School Board, a pioneering approach was made in Bradford to the problem of providing for those children who could not learn properly by normal methods in ordinary schools. The year 1885 had seen the establishment of the first special schools—for blind and deaf children—on the Carlton Street School premises. The school for the blind continued in various premises until 1927, when it was closed because of the diminishing number of children in the City with this handicap. The school for the deaf, after many changes of premises, now flourishes at Odsal House.

The first special class for "feeble-minded" children, started at Whetley Lane in 1894, was followed by four others in the next two years which were held in different parts of the City until they were brought together to form the Margaret McMillan Special School during 1915. "Beulah", a country house in Idle, was taken over in June of that year and opened with the purpose of forming a more satisfactory school for "mentally defective" children. Girls were accommodated in the house and boys in marquees. Teachers and boys attended voluntarily during the summer holidays of 1915 and began to build their own school: an early example, surely, of "learning by doing".

In Buck Wood, Thackley, an open air school for delicate children was built in 1908. The home of the Open Air School was in Germany, where, at Charlottenburg in 1904, the first school of its kind was opened. In this country the London County Council opened a similar school in 1907 and, at about the same time as the Thackley school came into being, the Halifax and Norwich Education Committees undertook their own experiments in this field.

The developing School Medical Service helped to bring to public knowledge facts which had long lain hidden. The social conscience of the City was particularly stirred by the revelation that many crippled children were being deprived of education because they were physically unable to go to school. A band of women voluntary workers, known as "torch lighters", went into the homes of these neglected children and, although untrained and inexperienced for the most part, taught them in ones and twos or in small groups. At the same time they campaigned for the provision by the Education Committee of special facilities for the education of their charges. The result was the opening of Lister Lane Special School in June, 1914, and the provision of daily transport, by ambulance where necessary, between home and school.

The opportunity was taken in due course, through the appointment of a part-time consulting orthopaedic surgeon, assisted by one of the assistant school medical officers and an adequate nursing and physiotherapeutic staff, of investigating thoroughly the cases of the children in attendance at this school, with a view not only to ameliorating their existing conditions but also to ascertaining as far as possible the root causes of their crippling defects.

The first camp school was instituted in 1914 at Daisy Hill. Parties of children stayed there under canvas for a week at a time during the summer months. Such was its success that several other camp schools were established and it was not until 1922 that they were closed, at a time when expenditure was being severely pruned. In the previous

year, plans which had been under consideration to provide a camp school (or health recovery school) at Morecambe were shelved and it was decided to continue to use the facilities at the Craig Convalescent Home, Morecambe. This Home, which opened in 1903 following a bequest from Thomas Craig, a Bradford business man, had for several years accommodated for two or three weeks at a time parties of school children nominated by the School Medical Officer, who were in need of a stay by the sea. The Education Committee paid a proportion of the cost of their maintenance and, from 1920, supplied a teacher. The arrangement still continues, with great benefit to the children who are sent.

In June, 1915, three special classes for "myopes" were opened, to be followed in January, 1917, by three classes for stammerers. The myopic children went to a school of their own at Usher Street later in 1915 and to a school specially built for them at Daisy Hill in July, 1923. Two of the classes for stammerers were transferred to a portion of Lister Lane School in 1919 and together with the other class were accommodated at Wibsey from 1924 until 1931, when the classes closed down.

In the meantime, the Medical Superintendent and his expanding staff were continuing to extend their activities. In 1908, 3,658 children had been inspected at school and 841 treated at the clinic. The Medical Superintendent classified as dirty 78% of the children inspected, and the opening of a permanent cleansing station followed. By 1913 the number of children inspected was 10,696 and the number treated at the clinic 8,004. The staff then consisted of the Medical Superintendent and four whole-time assistant medical officers, an ophthalmic and throat surgeon, two whole-time dentists and five nurses. Negotiations had proceeded for facilities to be made available for the operative treatment of throat, nose and ear defects, and eventually the Authority itself provided a clinic at the Leeds Road Hospital specially built for that purpose. Concerned at the prevalence of spinal curvature among secondary school children in particular, the Education Committee, following the visit of a deputation to the Polytechnic Institute, Chelsea, and the Deptford School Clinic, to find out what was being done to develop the treatment of this and other deformities, decided to initiate remedial treatment in Bradford and the first woman instructor in remedial exercises was appointed in January, 1914.

The City Council decided in 1913 to co-ordinate the whole of the health services in the City under the Health Committee. The Board of Education, however, would only agree to the scheme if the School Health Service were administered by the Medical Officer of Health,

who in turn would be responsible for this purpose to the Education Committee. This system was adopted and before long moves were made towards the co-ordination of the School Health Service and the Maternity and Child Welfare Service.

Despite the first World War, and the extreme staffing difficulties which resulted, the school clinic's activities were maintained at Great Horton Road. In fact, facilities were extended by the opening of branch clinics at Green Lane and Lapage Street and a dental clinic was in use at Edmund Street in addition to the one at the Central School Clinic.

1918-1939

After the War, many nursery schools and classes were opened, the first being St. Ann's R.C. Nursery School in March, 1920, to be followed by Princeville Nursery School in November, 1920, and Lilycroft School in May, 1921. The young pupils of these schools were given medical inspections monthly and, as a result, a larger number of defects was discovered earlier.

Growing appreciation by parents led to increased attendances at clinics.

The work of the dental service was flourishing. After initial resistance by parents, who apparently thought of the dentist merely as a "tooth extractor" and not a "tooth protector", the support which the service received had gradually grown until in 1927, for example, dental officers inspected 27,219 elementary and 1,929 secondary school children, of whom 24,782 were found to require treatment. Of these, 12,952 children were treated at the clinic and 2,634 were known to have been treated by private dentists. 6,973 fillings were undertaken and 13,320 extractions. A certain amount of orthodontic work was also engaged in.

Half-time labour, which had been a source of anxiety to the Committee for many years, was finally abolished in 1921. More children had been engaged in half-time labour in Bradford than in any other town in the country.

In 1913 the heights and weights of Bradford children had been below the average for the whole country, but by 1936 they equalled or were even higher than the country's average. This may be due partly to the abolition of half-time labour, but it also seems to reflect credit upon the measures which Bradford had taken in the school health field.

The Central School Clinic finally moved in 1928 from its "temporary" premises to a permanent home in the old School Board offices on Manor

Row. As the following quotation from the annual report of the School Medical Officer for that year indicates, the new premises were quite commodious:

“The ground floor consists of an Office, three Medical Officers’ Consulting Rooms, two Refraction Rooms, one Dispensary and Treatment Room, one X-Ray Treatment Room, three Waiting Rooms, and one Filing Room. On the first floor are four Dental Surgeries, one Rinsing Room which contains four Bubbly Fountains, and Rest Room. There is also on the same floor one Ultra-Violet Light Room, which contains three Mercury Vapour Lamps (two for general radiation and one for local treatment), and one Radiant Heat Lamp, one Dressing Room with cubicles, two large Remedial Rooms, one of them fitted for massage and electrical treatment, and the other a Gymnasium fitted for remedial treatment, one Consulting Room, and a Nurses’ Room”.

In the same year, a new branch clinic opened at Edmund Street.

As has been seen, the Medical staff in 1913 totalled 13. It is interesting to note that by 1930, such was the expansion of the service, the staff consisted of six whole-time medical officers, four dentists, five physiotherapists (or “remedial gymnasts”), sixteen school nurses and four part-time specialists, namely an ophthalmic surgeon, an orthopaedic surgeon, a laryngologist and aurist, and a radiologist, a total of 35. After long discussions and consultations with the Board of Education, the Education Committee had introduced charges for most forms of treatment, ranging from 7s. 6d. for a tonsils and adenoids operation to a collection box for the treatment of minor ailments, but these charges did not seem to have acted as a deterrent.

The period between the two World Wars was a time for consolidation in the special school sphere rather than for continued development. The school for myopes at Daisy Hill already referred to was the only new school to be built. The Bolton Royd premises, however, previously accommodating the preparatory department of the Girls’ Grammar School, became the special school for deaf children when Odsal House ceased to be used for that purpose in 1930. This school was to remain at Bolton Royd for twenty-one years before returning, strangely enough, to Odsal House. The wooden classrooms at Margaret McMillan School which the boys had helped to build during the war years were replaced in 1928–29 by permanent buildings.

The pioneer open air school at Thackley was augmented by further similar provision—at Lister Lane (reserved for children discharged from sanatoria but free from tuberculosis), at Daisy Hill, for two years

only, and at Odsal House from 1927 onwards, with residential accommodation from 1930. Many tributes were paid to the improvements which were evident in the physical condition of children after a comparatively short subjection to the open air regime. In 1925 investigations were made into the cases of 53 children who had left the Thackley Open Air School in the period 1919-23. Names were selected at random and the investigation showed that as many as 47 of the children had continued in good health after leaving and were either attending ordinary schools regularly or working at diverse occupations with good health records. The success of these schools can be further judged from the fact that the principles underlying their construction and management were increasingly brought into use in other special schools and also in the ordinary school.

In 1930 a nursery class was added to Lister Lane Special School for Physically Defective Children, the open air school there having closed in the previous year.

The general health of the older child was built up by the great emphasis, especially in the 1930's, laid on physical education. More equipment was provided for the schools, children gave frequent gymnastic displays, there were organised sports days and many voluntary bodies co-operated to direct the children's interests to organised games, sports and folk-dancing. This development took place in spite of the shortage of gymnasia and playing fields. Provision for swimming was better: by 1930 there were three school baths, three semi-school baths and time was reserved at five district baths for school children. Seven full-time and one part-time instructors had been appointed. In 1924 attendances at baths were 90,000; in 1934 they were 248,000.

1939-45

The second World War forced the School Medical Service to reduce the scope of its services in some ways. Staff shortages, problems of evacuation and other consequences of the War all had their effect. For example, two school dentists only remained and the ideal of preventive dentistry gave way very largely to the expedient of emergency extractions.

The upheavals of evacuation, however, hastened one important development. Separation anxieties and other problems, unavoidable when precipitate changes to new environments were taking place, required individual skilled attention. The need was met by the appointment of a mobile psychiatric social worker and the establishment soon afterwards, in 1940, of a Child Guidance Clinic with a part-time

psychiatrist and an educational psychologist as well as a psychiatric social worker. This Clinic was based on the Manor Row Central Clinic until it acquired permanent quarters in Spring Bank Place, in July, 1948. The military occupied several schools, including Thackley Open Air School, which was closed on the outbreak of hostilities (never to be used again as an open air school), and Odsal House.

1945-58

When the War was over the School Health Service had to be built up again to its full staff complement. This was achieved by 1949, except in the field of dentistry, where there was a severe staff shortage in Bradford as in the rest of the country, particularly after the advent of the National Health Service in 1948. By April, 1957, however, the situation had improved so much that the Senior Dental Officer, instead of having one assistant as in 1949, had five assistant dental officers, an orthodontist and six dental attendants. Unfortunately, a rapid series of resignations left him with two assistant dental officers only and no orthodontist before the end of the year. No applications for full-time vacancies were obtainable and it was necessary to invite established private practitioners to undertake sessional work. In October, 1958, nine dentists were working a total of twenty-seven sessions a week under these arrangements.

The coming of the National Health Service made little difference to the School Health Service, except that work formerly carried out by specialists paid by the local education authority was taken over by the Regional Hospital Board, which was given administrative and financial responsibility for providing out-patient specialist services for school children.

The School Meals Service developed considerably in the post-war years. When the Green Lane Depot opened in 1907, 668 meals a day were provided. By 1939 the Depot was providing meals to five high school kitchen/dining rooms and 70 dining centres, the highest daily output being 7,000 in the years of trade depression. In 1957 three central kitchens, 35 kitchen/dining rooms and 103 dining centres were providing about 16,500 meals daily.

Although the War had ended, the war against preventable disease was still being waged. Extremes of material squalor having been largely banished, concentrated action was directed against resistant pockets of neglect, louse infestation, etc. Plans for closer integration with other health services were worked out and gradually put into effect. In particular, the co-operation between the School Health Service

and the Maternity and Child Welfare Service was improved, most doctors, health visitors and public health nurses working in both services. Quite apart from economies in staffing which have thus been made, the advantages of such close links are proving to be many. The Medical Officer, with a foot in each service, and the Health Visitor, who sees the child in school and knows from her home visits the family background, can perform more efficient and more valuable work in both fields. The family is dealt with as a whole by one person instead of in parts by several people working quite independently. In 1953, the Health Department clinics at Saint Street and Usher Street became joint school and child welfare clinics, whilst the Education Committee in the same year bought and converted a private nursing home at Odsal into a fully combined branch clinic, which included a well-equipped dental unit. The Education Department's Lapage Street Clinic also opened its doors to child welfare. In 1955, a smaller clinic at Bierley came into use for school purposes. The school clinic in Edmund Street was closed in July, 1958, having outlived its usefulness, but a weekday minor ailments clinic for a few schools was retained in the premises of the Central Maternity and Child Welfare Clinic, also at Edmund Street. The Thorpe Edge combined clinic was established by the Health Department in 1958 in a ground floor flat on the large post-war housing estate of that name.

In the meantime, the dental suite at the Central School Clinic, Manor Row, had been completely modernised in 1955. The number of surgeries was increased from four to six, and a dark room with new X-ray equipment and a waiting room were included. These improvements drew congratulations from the Ministry of Education. The Saint Street Clinic was re-furnished by the Health Committee as a fully combined clinic in 1958 and a dental surgery was added. The opportunity occurred in October, 1957, of establishing a second child guidance clinic in the premises of the Mental Health Centre, Barkerend Road. This fulfilled a long-felt need and enabled children to be seen and, if necessary, treatment to be begun more expeditiously.

Mass immunisations against infections became the order of the day. Diphtheria had been conquered, tuberculosis was being overcome and the fight against poliomyelitis was being intensively undertaken. By the Education Act, 1944, all treatment had been made free of charge. The number of services provided expanded once again. Speech Therapy began and made much progress, several new techniques being evolved in Bradford. A part-time chiropodist was appointed. Lip Reading classes were provided and in 1956 arrangements were made for the

early ascertainment of deafness by the instrumental sweep testing of all children entering infants' schools, this work being developed in co-operation with the Royal Eye and Ear Hospital and with the part-time services of an audiometrician.

Two unqualified nursing assistants were appointed in 1953 to assist trained staff principally with the weighing and measuring of children and with conducting cleanliness surveys. The experiment proved successful and in the next few years the number of nursing assistants employed rose to six and their duties were extended. The infestation rate of school children, which had declined slowly for many years, showed a very marked decrease in the period from 1953 to 1957. 174,407 examinations in 1953 revealed 4,453 children with head infestation. The number of examinations in 1957 was 155,826 and the number of children found to be infested was 3,190. Most of the children in whom infestation has been discovered in recent years have been only mildly affected. This improvement may have been partly due to the concentration of the nursing assistants' resources upon the problem; it was also, however, one of the by-products of the closer integration of the health services, for more help could be given in the homes of infested school children by way of health education to ensure thorough cleansing and to reduce the chance of their becoming re-infested by contact with other, previously less accessible, members of the family. The cleansing station still existed but its use was declining and it was usual for school children to be treated there only if their mothers, for some good reason, were incapable of doing the work themselves.

There was a change in emphasis in family case work from the purely physical problem to the mental one. In helping to find solutions to these problems 'the health visitor/school nurses are greatly assisted by their knowledge of the whole family and by the co-operation of other agencies. The Neglected Children Case Sub-Committee holds regular meetings where all concerned with a particular child can discuss the problems involved.

In the post-war period, there was a further leap forward in the special school field. Although the last open air school had closed in 1939, evacuation introduced many children from the crowded parts of the city to the open air life of the country or the small town. In particular, a group of children were evacuated to Linton, near Grassington in Wharfedale, where a hutted camp had recently been built by the National Camps Corporation. The Bradford Authority rented the camp in July, 1940, and used it for evacuees until 1945, when it became a camp school to which children in need of fresh air were sent from the city. As a

natural development, the school was provisionally recognised by the Ministry of Education in 1951 as a special school offering boarding accommodation to 90 delicate children and 30 maladjusted children. This provision for children with various degrees of maladjustment went some way to satisfy a need which had been growing and had become more evident after the establishment of the Child Guidance Clinic; the psychiatrist was responsible for recommending children with this handicap for admission. The unusual combination seemed to work very well. The association of maladjusted pupils with other children who were healthy in mind if delicate in body proved beneficial, and the delicate children soon improved in bodily strength and were not led astray by their co-pupils. In 1956 the Local Education Authority decided to purchase the premises from the National Camps Corporation and far-reaching improvements were put in hand or planned for the future.

In order to lessen heart complication of rheumatic fever, the Education Committee set up in May, 1951, a residential special school at Langley, Baildon, a former residence of a prominent local family, where children were normally received direct from hospitals and, in addition to the education which was provided, at the bedside if necessary, nursing care was given by the resident matron and staff and close medical supervision was maintained.

Soon after the military occupation at Odsal House had ceased, the accommodation came into use as a residential hostel for educationally sub-normal boys and girls. In February, 1951, the boys and girls were transferred to Thorn Garth, a large house adjacent to the McMillan Special School which had been acquired by the Authority. This was only for a short time: in the following month, staffing and other difficulties forced its closure until May, 1952, since which month it has served as a Hostel for educationally sub-normal boys only. A second

out wherever necessary. Audiometric surveys take place in infants' schools and cleanliness surveys in all schools.

In the clinics children with defects are examined and, if necessary, recommended for special educational treatment, minor ailments are dealt with and the other forms of treatment given include the treatment of eye, ear, nose and throat defects, skin diseases and vermin infestation, dental and orthodontic treatment, physiotherapy, speech therapy, chiropody and ultra-violet ray treatment. Close liaison is maintained with local hospitals.

In 1957, 16,130 children were examined at periodic inspections. Of this total, 3,428 children were found to require treatment, a percentage of 21·2. Comparable figures in 1930 were: 12,999 inspected, 4,562 needing treatment, a percentage of 35·1.

The staff now totals 40 whole-time officers and 13 part-time officers. Because of the integration of the various health services many other medical officers, nursing staff, etc., although employed by the Health Committee, take some part in school work. Similarly, many of the officers employed by the Education Committee perform work in other health services.

The School Health Service is controlled by the Joint Health and Education Sub-Committee, which under various names and constitutions has existed since the early years. This Sub-Committee consists of four members of the Education Committee and four from the Health Committee. The administrative and clerical work is carried out for the Director of Education and the Principal School Medical Officer by the Senior Administrative Officer for Primary Education, a Chief Clerk and ten other clerks.

The Future

Development may well proceed in Bradford along the following lines. The integration of the health services will become more complete with advantage to all concerned. As a consequence, more fully combined school clinics will become available and they will be de-centralised district clinics (rather than branch clinics), each one in the charge of an assistant medical officer and forming the centre for nearly all medical services for the area it serves. A different form of co-ordination is now taking shape. Relations between general practitioners and the School Health Service are being improved. An experiment is due to start in one clinic area in Bradford in which general practitioners will be invited to join with the medical officer in the first medical inspection of children entering school for whom they are the family doctors. In addition to providing the school medical officer with precise information about the pre-school medical history of the child and affording the opportunity for a more thorough examination and for closer consultation, it is envisaged that the general practitioner will by means of this procedure gain interest in and insight into preventive health work.

Beyond this it is difficult to forecast, but whatever may lie in the future it is certain that the School Health Service will retain its importance and its vigour and, as it has done from the very beginning, will play its part in ensuring that children are physically and mentally able to profit from the education provided for them.



*Routine Medical
Inspection in School*



*Treatment of Minor
Ailment at a School
Clinic*



Chiroprody at a School Clinic



Refraction at a School Clinic



*Sight Testing at a
School Clinic*



*Ultra Violet Ray Therapy
at a School Clinic*



Remedial Exercise at a School Clinic



Speech Therapy at a School Clinic



Audiometry at a School Clinic



Vaccination against Poliomyelitis at a School Clinic



Baildon Residential School for Physically Handicapped Pupils



Part of Lister Lane Special Day School for Physically Handicapped Pupils

Mental Welfare

ADMINISTRATION

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AMBULANCE SERVICE

Mental Welfare

(Section 51, National Health Service Act, 1946)

H. V. BURKE, D.P.A., A.C.C.S., *Mental Welfare Officer*

Administration

(a) Constitution and Meetings of Committee

The Service is administered by a Mental Health Sub-Committee of the Health Committee comprising nine elected members of the Council and three co-opted members. Quarterly meetings were held during the year.

b) Staff Employed in the Mental Health Service

Medical Officer for Mental Health (vacant)
One Medical Officer (part-time)
Mental Welfare Officer
One Senior Duly Authorised Officer
Three Duly Authorised Officers
Two Psychiatric Social Workers
Two Mental Deficiency Social Workers
One Occupation Centre Supervisor
Seven Assistant Occupation Centre Supervisors
One Physiotherapist (part-time)
One Industrial Centre Instructor
Two Industrial Centre Assistant Instructors
Clerical Staff (three).

c) Co-ordination with Regional Hospital Board and the Hospital Management Committees

Close co-operation has existed between the local hospital management committees and kindred bodies and the local authority.

The part-time services of the medical superintendent of Westwood Hospital were made available by the Regional Hospital Board to the local authority in the field of mental deficiency, but regrettably the Regional Hospital Board were unable to meet our requirements in regard to the services of a consultant psychiatrist in the field of mental illness, and alternative arrangements had to be made.

(d) Duties delegated to Voluntary Associations

There are no duties delegated to voluntary associations, but a grant is made by the Council to the National Association for Mental Health, the local Marriage Guidance Council, and assistance by way of accommodation afforded to the local branch of the National Spastics Society.

(e) Training of Mental Health Workers

Facilities for practical training in the occupation and industrial centres were once again afforded to students of the diploma course for occupation centre supervisors by the National Association for Mental Health.

One of the mental deficiency social workers attended the course for mental welfare officers organised by the National Association for Mental Health (Northern Branch) in conjunction with the Department for Extra-Mural Studies of the University of Leeds. Authority has been given for another officer to attend the next course.

Work undertaken in the Community, etc.

(a) Prevention, Care and After-Care

The obtaining of the services of a consultant psychiatrist during the year on a sessional basis and the recruitment of a second psychiatric social worker has resulted in an extension of our community care work, and we have been able to offer a more comprehensive service, including joint adult/child guidance clinic facilities, than we were previously able to do.

As a result the service is now able to deal in its own out-patient clinic with referrals of the milder types of mental illness not normally requiring hospital in-patient treatment. The number of such referrals continues to increase and will doubtless continue to do so as the results of the work in this field become more widely known.

The number of referrals for after-care and support at home were in the region of 150. The sources of referral and the percentage of subsequent admissions to hospital are as follows:—

Referred by	% of Total Referrals	% of Total Referrals admitted to mental hospital
Mental Hospitals ..	25	1
Family Doctors.. ..	9	4.5
Health Visitors.. ..	6	—
National Assistance Board.. ..	7	—
Duly Authorised Officers	31	3
Mental Welfare Officer	18	2
Miscellaneous	4	.25

The majority of patients referred from the mental hospitals were patients with recurrent mental illnesses; as were those who came for help on their own accord and many of those referred by the duly authorised officers.

Patients referred by their own doctors and health visitors were generally people with marital troubles, difficulties with children, etc., who were able to cope with their own difficulties after a few interviews. This type of referral is the one in which it is felt this Service can be of most use with its existing resources.

From the National Assistance Board come requests for assessment of the patient's capacity for work and an attempt to encourage them to seek work. As these patients have, generally speaking, been unemployed for long periods and have run through the gamut of the social services, the amount of change in their behaviour which can be achieved is negligible.

There has been considerable expansion of the work of the Service since the first appointment of a psychiatric social worker in 1956. As noted in the last Annual Report (page 113) there is a greater potential in this field, which is very rewarding in that it tackles the problem of mental illness at its source and in its beginnings—in the community and in the home. Previously the duly authorised officers who saw the cases notified to the department were faced more or less with the alternative of removal to mental hospital—with or without certification—or dismissal of the information. Cases were entered into the "aborted" register, but could rarely be followed up, partly because of pressure of

routine statutory work, and partly because this is work which calls for considerable professional skill and understanding: more than the training of a duly authorised officer allows. It is in this field in particular that the special training of the psychiatric social worker is so necessary and so valuable.

There are now two psychiatric social workers employed whole time in the Service, and the influx of cases from the National Assistance Board, general practitioners, health visitors, etc., has gone on steadily increasing. The need has long been felt for the Service to have its own consulting psychiatrist to support the psychiatric social workers for a full and adequate service.

Dr. H. Edelston took up the appointment of consultant psychiatrist for three sessions (half days) per week at the end of September 1957. As this report is only up to December 1957, Dr. Edelston can give but a brief comment at this stage on initiation of the out-patient clinic service, and this is as follows:—

“There was the usual slow start, and at first most of the cases referred were chronic psychopaths for whom not a great deal could be done. Even here the establishment, for the first time, of a firm clinical diagnosis was of great value in clearing the ground and preventing undue time being spent on irremediable and unrewarding material.

Very soon, as the service became known, we had a constantly increasing number of social-psychiatric cases referred for our advice. All kinds of early and mild disorders were sent to us which, taken at their beginnings, could be put right fairly quickly—whereas, if left, they would have drifted into the more severe disturbances calling for hospitalisation. They came from various sources—mostly general practitioners, who soon came to appreciate the value of our consultant service wherever there was doubt as to procedure or disposal. Home visits—whether by psychiatric social worker or psychiatrist—where the patient and his family can be seen in their normal surroundings—are found to be particularly helpful. Cases also came from probation officers, health visitors, National Assistance Board, etc.

In addition to the above service for adults, we are now running child guidance sessions from the same premises and with the same psychiatric social workers. We are finding that these two types of work blend together very well, particularly in that we now have better facilities for dealing with parental problems which, as is well known, play such a large part in the children's difficulties.

A detailed report with figures, etc., must await a full year's work, but even in the short time we have been operating it is clear that we are on the right lines in establishing a truly preventive mental health service. As an example of the kind of problems we are tackling, and showing the co-operation of psychiatrist and psychiatric social worker with the local health services, I would instance the following:—

A woman of about 30 was delivered of an illegitimate child in the local authority's Mother and Baby Home. Shortly afterwards we were notified that she was becoming depressed and apathetic, had lost interest in the baby and was even neglecting herself. It was feared that she might be heading for a psychotic mental breakdown.

One of our psychiatric social workers visited, and after taking the history arranged for a consultation (at the Home). Examination showed that the woman was not psychotic and that the case was 'social-psychiatric' in nature. After a conference with the medical officer concerned the line of action was decided on, to be followed up by our psychiatric social worker.

After several interviews with the psychiatric social worker, the mother improved enormously and we were able to get her settled with the baby in a nearby town. Up to date all is going well, and the case has now been transferred to the neighbouring town's health visitor."

b) Under the Lunacy and Mental Treatment Acts

During the year some 831 cases were reported to the duly authorised officers for investigation, and of these 506 were admitted to mental hospital. The number of cases where admission to hospital was not deemed to be necessary, therefore, was 325.

Another 155 patients from the area were admitted to mental hospital outwith arrangements by the Mental Health Service, chiefly through the out-patient psychiatric clinics at St. Luke's Hospital and the Bradford Royal Infirmary.

Thus some 661 patients were admitted to mental hospitals as health service patients, and of these 234 had had previous periods of in-patient treatment.

It has not been possible to have all reported cases seen by the consultant psychiatrist, desirable as this may be, because of the large number of notifications, but wherever possible and when hospital admission was not clearly imperative, referral to the psychiatrist was made. The total admissions to mental hospital through the Mental Health Service showed an increase on the previous year of 21.

It seems likely, however, that there is a fairly constant proportion of the mentally ill, mostly psychotic, many of whom have had previous mental hospital treatment, who remain in the community under the care of the general practitioner until such time as they become a danger to themselves or to others, or become so anti-social that they can no longer be tolerated by relations, for whom hospital in-patient treatment becomes a necessity as a matter of urgency from time to time, but who are later returned home to relatives again after they have been helped over the particular episode.

It is pleasing to note that there was a sharp fall in the number of patients over 70 years of age admitted to mental hospital. The figure for the year was 75 as against 117 for the previous year, and in only 7 cases was certification necessary.

There was an increase shown in the proportion of voluntary admissions to mental hospital; of the total of 661 admissions no fewer than 390 were on a voluntary basis.

Table 1 indicates the number of patients admitted to mental hospitals under the Lunacy and Mental Treatment Acts by the Mental Health Service, giving the number of males and females, and also giving those of 70 years or over. Table 2 gives a summary of all patients admitted to mental hospitals, both by the Mental Health Service and by way of psychiatric out-patient clinics, and shows also the number of cases investigated by the Mental Health Service but not admitted to mental hospitals.

TABLE 1

NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1ST JANUARY, 1957, TO 31ST DECEMBER, 1957,
UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Males	Females	Total	Over 70 years of age	Died prior to further action	Discharged prior to further action	Certified under		
							Section 16 Lunacy Act 1890	Section 1 M.T.A. (Voluntary)	Section 5 M.T.A. (Temporary)
LUNACY ACT, 1890									
Order of Duty Authorised Officers (3 days—Section 20)	59	63	122	45	4	11	33	73	1
Section 11 (Urgency Orders) ..	—	—	—	—	—	—	—	—	—
Section 21 (Justices 14 Day Orders)	14	12	26	14	1	8	5	12	—
Section 16 (Certifications)	41	66	107	7	—	—	—	—	—
	114	141	255	66	5	19	38	85	1
MENTAL TREATMENT ACT, 1930									
Section 1 (Voluntary)	103	138	241	9	—	—	—	241	—
Section 5 (Temporary)	1	9	10	—	—	—	—	—	—
	104	147	251	9	—	—	—	241	10
TOTAL Lunacy and Mental Treat- ment Acts									
	218	288	506	75	5	19	38	326	10

During the year 32 patients from the following countries were dealt with:—

			Males	Females
Poland	..	..	8	8
Ukraine	..	..	5	2
Pakistan	..	..	4	—
Latvia	..	..	1	2
Estonia	..	..	1	1
			—	—
			19	13
			—	—

Summary of all cases dealt with in the city:—

By Mental Health Service and admitted to mental hospitals..	506
Cases investigated and treated as “abortive”	325
Admitted direct to mental hospitals through psychiatric clinics at St. Luke’s Hospital and Bradford Royal Infirmary ..	155
Total	986
Number of persons re-admitted to mental hospitals having previously had in-patient treatment ..	Males 110 } 224
	Females 114 }
Visits by duly authorised officers in respect of cases dealt with under the Lunacy and Mental Treatment Acts	4,674

(c) *Under the Mental Deficiency Acts, 1913-1938*

(i) *Guardianship and Supervision*

Table 3 indicates the number of defectives reported and dealt with during the year, and is in the form required annually by the Ministry of Health. There was a large decrease in the number of cases reported during the year, which appears to be due to a corresponding decrease in the number of special school leavers reported at the end of the summer term for ascertainment and supervision after leaving school.

Favourable employment conditions again made the placing of defectives in employment comparatively easy, and most special school leavers were absorbed into industry almost as soon as they left school.

The policy of discharging patients from Orders under the Mental Deficiency Acts after a short period of licence only, has resulted in the numbers of defectives under Voluntary Supervision rising from 94 at December 1956 to 109 at December 1957. Although the supervision in these cases depends mainly on the co-operation of the defective, the majority have presented little trouble, and only two have given us any real difficulty.

The main feature of the year in this regard was the introduction of informal admission procedure for patients to mental deficiency hospitals following upon the Recommendations of the Royal Commission. Although this scheme of informal admission has not been in existence long enough to enable any real opinions to be formed about it, there is no doubt that in principle it is a great step forward in this field of work, although, of course, difficulties will doubtless arise from it as time goes on.

During the course of the year some 3,634 domiciliary visits were paid to the homes of defectives. Again, the more stable cases were visited less frequently, and intensive visiting given to cases of difficulty. The recruitment of a second mental deficiency social worker has resulted in a more intensive work on these cases in particular.

Visits of female defectives for free hair styling at Bolton Royd Institute, organised by the Education Department, continued throughout the year, and were much appreciated by the defectives and relatives. During the year it was also found necessary to provide regular bathing at the Disinfecting Station for several defectives coming from very poor homes.

Mental Deficiency Case No. 1

This little boy was ascertained as an imbecile at the age of 2 years, after being notified to the Mental Health Service by the family doctor. He suffered from moderate hydrocephalus, the circumference of the head then being $23\frac{1}{2}$ inches. He was unable to sit up or move about, but he could move his limbs freely and grasp a nearby object.

His parents, who are Italians, at once made representations for the child to be cared for in an Institution mainly, it was felt, because of the father's resentment toward his defective son.

The material circumstances of the home were not too bad; the child was not neglected as to nutrition and cleanliness, and the mother has always been hardworking and thrifty. The father, however, rarely worked, and it was felt that his openly expressed resentment and general behaviour towards the child might well have a detrimental effect on his development. A vacancy in a mental deficiency hospital was therefore obtained and the child was admitted under the provisions of Ministry of Health Circular 5/52, pending his detention there under Order.

During the time he was a patient in the hospital he was encouraged in every form of movement, and he eventually was able to propel

himself across the floor in a lying position at an amazing speed. He was also able to move his head from side to side, and when pulled to a sitting position made an attempt to stand, but was unable to do so. It was felt that this was a case of arrested hydrocephalus and that the child might well support his head in the not too distant future, assuming the hydrocephalus remained in an arrested condition. It was impossible to predict what his future intellectual development would be, but the certifying officer felt that a further period of observation in the community should be allowed before the child was detained in an Institution, and this was confirmed by the consultant psychiatrist.

The home situation at this time was extremely difficult as the father was reluctant to take the child back again into his home, despite the improved prognosis. It was, however, agreed that the child should return home for a period of six months and should then be readmitted to a hospital for mental defectives for diagnostic observation.

Frequent home visits are still being paid by our social worker, and whilst the child is not bodily neglected, the emotional neglect has to be considered. Efforts have been made to admit the child to a day nursery, but the mother feels unable to convey the child to the nursery herself and the father refuses to make any effort to do so.

The future of this child is, therefore, uncertain, in that any absence of improvement in his present surroundings is not necessarily indicative of mental defectiveness.

Mental Deficiency Case No. 2

This is the case of a woman of feeble-minded grade who was originally placed under the statutory supervision of the Mental Health Service in June 1935, after she left McMillan School, at the age of 16 years.

At that time the home circumstances were satisfactory, the patient being an only child, and both father and mother living. She obtained employment of a simple nature, then in 1944 went to work at a cinema as an usherette, where she remained until 1953.

During 1953 the patient's mother became ill and it was necessary for her to stay at home and look after her. Then, in September of that year, the mother was admitted to mental hospital. Shortly afterwards the father became ill with heart trouble and died in July 1954. Following the loss of both parents this woman was helped by several relatives, and decided to stay on in the family home in case it should be that her mother could be discharged from the mental hospital in the future.

In 1955 the patient obtained employment at a local laundry where she worked steadily for about a year, and then gradually began to deteriorate, doubtless as a result of living alone and having no one to guide her. In September of 1956 she received her first summons for non-payment of rates, then fell behind with her rent and gas and electricity bills. Constant visits were made by the social worker, and money was obtained from the patient in an effort to keep up with the rent and rates, but despite all efforts the landlord of the house finally took the case to the County Court in July 1957. The services of a solicitor was obtained for the patient, and a monetary grant obtained from a charitable source, and eviction was averted.

From this point, however, the patient's mental and physical condition seemed to deteriorate more rapidly. When visited she would not answer the door, even if she was in the house, and she lied frequently as to where she was working. She obtained numerous jobs but would leave after a week or a few days. On two occasions a grant was obtained from the Assistance Board, but as it was so difficult to contact the patient, there were periods when she had no income at all. Finally, the landlord refused to tolerate the situation any longer, and a notice was issued by his solicitors for eviction, because of non-payment of the County Court Order. She then agreed to go into a hospital for mental defectives, and her relatives also agreed to this step.

The disposal of the home was taken in hand, and since her admission to the hospital this woman has improved in every way from the care she has received, and she is performing a useful job of work there.

Mental Deficiency Case No. 3

This case concerns a 17 year old girl who was notified under the provisions of Section 57/5, Education Act, 1944, on leaving Special School. She is illegitimate, and has been brought up since she was 9 months old by her maternal grandmother. Her mother is a patient detained in a hospital for mental defectives, and has been there for many years now. In 1939 she was allowed home on licence, and became pregnant.

On examination before leaving school the patient was described by the medical officer as being vacant, empty-headed, and disinterested, and also prone to outbursts of temper when crossed, at which times she would have to be physically restrained. The conclusion of the medical officer was that she was not employable, and would no doubt require institutional care in the future.

After leaving school the patient obtained work of a simple nature in a local mill, but she only remained there a few weeks, as she proved entirely incapable of performing even the most simple task. The Juvenile Employment Bureau found it impossible to obtain work for her, and so she remained at home helping her aged grandmother with the household tasks and shopping.

During June 1957 the grandmother came to the office complaining that the patient was becoming uncontrollable. She would have outbursts of temper when she did not appear to know what she was doing. It was therefore decided to admit the girl to the occupation centre, to see if she would be better with her days more fully organised. She attended the centre for just over a week, but finally the supervisor had to request her removal following one of her frequent outbursts of temper. During this period she had kicked, bruised and scratched several of the centre staff who had tried to restrain her. On arriving home the patient was just the same, and was quite beyond the grandmother's control, and representations were made for her admission to a mental deficiency hospital. The patient was therefore admitted to Westwood Hospital, where she remained for one week. At the end of the week the medical superintendent intimated his intention to transfer the patient to Rampton State Institution because of her wild behaviour. The grandmother would not agree to this, and requested the girl to be returned home immediately, and this was carried out.

After the girl's return home all went well for a little while, then the outbursts of temper began again. Frequent visits were made to the home, and the grandmother always came to the office for assistance at these times. Ultimately the consultant psychiatrist advised that the temper outbursts were due to epilepsy, and that institutional care was essential.

On two occasions towards the end of last year the patient was removed into a mental deficiency hospital because of her wild behaviour. This removal each time was at the request of the grandmother, but the next day the grandmother would state that she wanted the girl home again. Finally she was again admitted to hospital at the end of November, and a petition authorising her detention there was obtained. After about four months in this hospital the girl had to be transferred to Rampton Hospital again, due to her wild and uncontrollable behaviour.

All along this case was difficult because of the attitude of the grandmother. She would "cover up" for the patient, but then, when trouble

rose, always expected immediate assistance in getting the patient away. Following her removal she immediately wanted her back home again, and so it went on until, in the interests of the girl herself, a petition was obtained for her detention.

The comparatively unimportant details of this case are given merely as an example to show the amount of work which goes into a simple case of a mentally defective girl who is shown in our statistics as one 'admission to hospital'.

(ii) *Occupation and Industrial Centres*

Although handicapped by accommodation difficulties which it is now hoped will be overcome by the building of a new centre in the foreseeable future, the high standard of training in the occupation centre was maintained, and relief brought to the families of mental defectives by their absence from the home during the daytime. The number of low grade cases continued to be very high, the nursery class forming the largest class in the centre, there being as many as 22 in that class.

Two "Open Days" were organised during the year and were very much appreciated by both parents and pupils, as also was the Christmas party. The Parent-Teachers' Association again provided a very enjoyable coach trip to Hornsea, and for those who were unable to go on the trip an afternoon party was provided at the centre and a gift presented to each child.

The civic authorities of Hornsea were again most helpful in regard to arrangements made for the trip, providing alternative indoor amusements in the event of inclement weather. The Parent-Teachers' Association also provided excellent gifts for the Christmas party and helped towards this being once again a great success.

The work of the trainees in the Industrial Centre was again of high standard and varied in spite of the limited and unsuitable accommodation. Efforts to obtain suitable alternative premises during the year were abortive, but it is now hoped that approval will be obtained for the building of a new centre.

(iii) *Ambulance Service*

During the year some 505 patients were removed to mental hospitals by ambulance vehicles and by transport of the Health Department.

TABLE 3 *Mental Deficiency Acts, 1913-1938*

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1.	<i>Particulars of cases reported during 1957:—</i>				
(a)	Cases ascertained to be defectives "subject to be dealt with":—				
	Number in which action taken on reports by:—				
(1)	Local Education Authorities on children:				
	(i) While at school or liable to attend school	4	5	—	—
	(ii) On leaving special schools	—	—	8	3
	(iii) On leaving ordinary schools	—	—	—	—
(2)	Police or by Courts	—	—	—	2
(3)	Other sources	2	1	—	—
	TOTAL of 1 (a)	6	6	8	5
(b)	Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	1	—	3	2
(c)	Cases reported who are not regarded as defectives and are thus excluded from (a) or (b) ..	1	—	—	—
(d)	Cases reported in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b)	—	—	5	2
	TOTAL of 1 (a)—(d) inclusive	8	6	16	9
2.	<i>Disposal of cases reported during 1957</i>				
	(The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above.)				
(a)	Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a), number:				
	(i) Placed under Statutory Supervision ..	5	5	8	3
	(ii) Placed under Guardianship	—	—	—	—
	(iii) Taken to "Places of Safety"	—	—	—	—
	(iv) Admitted to Hospitals	1	—	—	2
	TOTAL of 2 (a)	6	5	8	5
(b)	Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b), number:				
	(i) Placed under Voluntary Supervision ..	1	—	3	2
	(ii) Action unnecessary	—	—	—	—
	TOTAL of 2 (b)	1	—	3	2
(c)	Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	—	1	—	—
	TOTAL of 2 (a)—(c) inclusive	7	6	11	7
3.	<i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to:</i>				
(a)	National Health Service hospitals	13	8	9	11
(b)	Elsewhere	—	—	—	—
	TOTAL	13	8	9	11

TABLE 3 *Mental Deficiency Acts, 1913-1938—continued*

4. <i>Total cases on Authority's Registers at 31/12/57:</i>									
(i)	Under Statutory Supervision	..	..	..	..	55	55	219	180
(ii)	Under Guardianship	..	..	..	..	—	—	1	2
(iii)	In "Places of Safety"	..	..	..	..	—	—	—	1
(iv)	In Hospitals	..	..	..	..	35	24	200	135
TOTAL of 4 (i)—(iv) inclusive						90	79	420	318
(v)	Under Voluntary Supervision	..	..	..	..	2	1	63	43
TOTAL of 4 (i)—(v) inclusive						92	80	483	361
5. <i>Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))</i>									
						—	—	—	—
6. <i>Classification of defectives in the Community on 31/12/57 (according to need at that date):</i>									
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority:									
(1) In urgent need of hospital care:									
(i)	"cot and chair" cases	..	..	..	..	—	—	—	—
(ii)	ambulant low grade cases	..	..	..	..	—	—	—	—
(iii)	medium grade cases	..	..	..	..	—	—	—	—
(iv)	high grade cases	..	..	..	..	—	—	—	—
TOTAL urgent cases						—	—	—	—
(2) Not in urgent need of hospital care:									
(i)	"cot and chair" cases	..	..	..	..	—	2	—	—
(ii)	ambulant low grade cases	..	..	..	..	—	2	—	—
(iii)	medium grade cases	..	..	..	..	—	—	—	2
(iv)	high grade cases	..	..	..	..	—	—	—	—
TOTAL non-urgent cases						—	4	—	2
TOTAL OF URGENT AND NON-URGENT CASES						—	4	—	2
(b) Of the cases included in items 4 (i), (ii) and (v) number considered suitable for:									
(i)	occupation centre	..	..	..	..	42	48	—	—
(ii)	industrial centre	..	..	..	..	4	—	28	51
(iii)	home training	..	..	..	..	—	—	1	—
TOTAL of 6 (b)						46	48	29	51
(c) Of the cases included in 6 (b) number receiving training on 31/12/57:									
(i)	In occupation centre (including voluntary centres)	..	..	..	..	42	48	—	30
(ii)	In industrial centre	..	..	..	..	4	—	28	—
(iii)	From a home teacher in groups	..	..	..	..	—	—	—	—
(iv)	From a home teacher at home (not in groups)	..	..	..	..	—	—	1	—
TOTAL of 6 (c)						46	48	29	30

**Prevention of Illness,
Care and After-care**

HOME NURSING EQUIPMENT

CONVALESCENT HOME TREATMENT

FREE MILK—TUBERCULOUS PERSONS

HOME NURSING

DOMESTIC HELP

Prevention of Illness, Care and After-care

(Section 28, National Health Service Act, 1946)

S. HOWARD, M.B., CH.B.,

Senior Medical Officer for Care and After-care Services

Tuberculosis—see Section 2

Venereal Diseases—see Section 2

Home Nursing Equipment

The number of applications received during the year for the loan of home nursing equipment was higher than the number received during the previous year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last eight years.

Year	Number of Applications	Number of articles loaned
1950	312	416
1951	825	1,223
1952	994	1,417
1953	1,017	1,620
1954	1,240	1,905
1955	1,385	2,178
1956	1,279	1,944
1957	1,349	2,085

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

Source	Number
Doctors	1,013
Almoners	88
Midwives	46
Health Visitors	79
District Nurses	114
Pinderfields Hospital	2
Ambulance Officer ..	5
Mental Health Service	1
Health Department ..	1
Total	1,349

The following table shows the type and number of articles loaned during the year:

Type of Article	Number
Air Rings	400
Bed Cages	88
Bed Pans	520
Bed Rests	219
Bedsteads	17
Bed Tables	9
Commodore	52
Crutches	16 pairs
Diabetic Scales	1 pair
Feeding Cups	14
Fracture Boards	2 sets
Invalid Chairs	106
Kidney Dishes	2
Mattresses	18
Pole and Chain	7
Rubber Sheets	447
Sputum Mugs	16
Urinals	150
Walking Aid	1

In addition to the above, the following bedding has been loaned during the year; mainly to cases of tuberculosis:

Type of Bedding	Number
Blankets	38 pairs
Sheets	18 pairs
Draw Sheets	18 pairs
Pillows	18

No charge is made for the loan of home nursing equipment, but applicants are required to sign an undertaking to return the articles in good condition and to pay for any articles which are lost or damaged whilst in their care, except damage due to ordinary wear.

Convalescent Home Treatment

Since July 1948, arrangements for the admission of certain patients to convalescent homes at a reduced cost, or free of charge, have continued from year to year. Each case is assessed in accordance with the Scale of Charges approved by the City Council.

The majority of these cases are admitted to the Semon Convalescents' Home, Ilkley. Persons admitted under this scheme are those who are recovering from illness and require convalescent treatment so that they may be fit to return to work or to again undertake their household duties.

Some mothers with children up to five years of age were admitted to the Silver Jubilee Home, Heysham, at reduced cost, or free of charge. A mother may take two children with her to the Home, but she is not allowed to take more than two, except under very special circumstances.

Several other patients, who were specially recommended by their doctor for convalescent treatment at the seaside, were sent to private convalescent homes.

During 1957, 73 persons applied for admission to convalescent homes at a reduced cost, or free of charge. Of these, 64 were actually admitted, and the remaining 9 cancelled their application for one reason or another.

Details of persons admitted to convalescent homes during the year are given in the following table:

Name of Home	No. of applications for admission received	No. of admissions
Semon Convalescents' Home, Ilkley ..	17	16
Silver Jubilee Home, Heysham ..	46	38 (with 54 children)
*Wyvern Private Hotel, Morecambe ..	3	3
*The Lawn, St. Leonards-on-Sea ..	1	1
*Shoreston Hall Convalescent Home, Seahouses	4	4
*West Hill Convalescent Home, Southport	2	2

* These convalescent homes (with the exception of West Hill Convalescent Home, Southport) are specially selected homes willing to admit patients suffering from respiratory tuberculosis. The patients admitted are specially recommended by the Senior Chest Physician, Dr. Stevenson, and approval is given by the Medical Officer of Health, before arrangements are completed.

The period of treatment in the convalescent homes is usually two weeks.

None of the persons admitted to these homes through the Care and After-care Department could afford to pay the full charge. They were assisted financially under the provisions of the National Health Service Act and paid part cost or made no contribution at all to the cost depending upon their financial circumstances.

38 children under five years of age were admitted to the Silver Jubilee Home and were chargeable to the Health Committee.

Previous to the 14th July, 1956, the cost of children admitted was borne by the Victoria Convalescent Fund, but, owing to lack of funds, this ceased on the date stated, and the children became chargeable to the Health Committee. The Fund hope to resume payment when their funds are built up again, and will inform us accordingly.

In addition to the above, 361 Bradford persons were recommended by doctors for admission to Semon Home and paid the full charge of £3 10s. per week.

The total number of persons having convalescent home treatment in 1957 was 479 (425 adults and 54 children).

Many of the patients called at the office, or sent letters, expressing their appreciation of the Service.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has continued to increase, as shown in the following table:

Year	Number of persons receiving free milk		
1951	8	
1952	9	
1953 (January)	..	18	
(December)	..	74	
1954 (January)	..	83	
(December)	..	121	
1955	163	
1956	274	
1957	307	

Each case is recommended by the doctors at the Chest Clinic, and is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from the Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply

must cease at the end of 28 days unless a renewal order has been received from the Department, following a renewal of recommendation by the Chest Clinic.

At the end of the year 2,094 pints of milk were being supplied weekly to tuberculous persons, and the cost to the Committee was approximately £67 8s. 8d. each week.

Home Nursing

(Section 25, National Health Service Act, 1946)

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council.

1957 was a year of growth in this Service. The staffing position improved noticeably—more state registered nurses came forward for Queen's District Training and the volume of demands on the service also shows an increase. It is fortunate that this increase coincided with an increase in staff.

Staff as at January 1st, 1957

- 1 Superintendent
- 5 Queen's Nurses
- 2 Male Nurses
- 1 S.R.N. (part-time)
- 3 S.E.A.N. (full-time)
- 1 S.E.A.N. (part-time)
- 3 Student Queen's Nurses

Staff as at December 31st, 1957

- 1 Superintendent
- 1 Senior Nurse (appointed April 1957)
- 10 Queen's Nurses
- 3 Male Nurses
- 1 S.R.N. (full-time)
- 3 S.R.N. (part-time)
- 3 S.E.A.N. (full-time)
- 5 Student Queen's Nurses

Queen's District Nurse Training

- 3 students in training January 1st, 1957
- 9 students entered during the year
- 5 students still in training December 31st, 1957
- 6 students passed the Queen's Roll examination and joined the staff
- 1 student discontinued training on marriage.

Home Nursing Service

Analysis of Cases dealt with and Number of Visits made during 1957.

Old cases (brought forward from 1956) .. 355
 New cases .. (a) 2,913

<i>Classification of Cases:</i>		<i>Cases sent in by:</i>	
Medical ..	2,490	Doctors ..	2,332
Surgical ..	522	Hospitals ..	466
Tuberculosis ..	92	Public Health Dept. ..	22
Gynaecological ..	140	Applied ..	86
Maternal complications ..	17	Other sources ..	7
Infectious diseases ..	7	Old cases ..	355
Total cases ..	(b) 3,268		(b) 3,268

<i>Classification of Discharges:</i>	
Convalescent ..	1,437
Died ..	372
Transferred to hospital ..	557
Relieved ..	175
Other causes ..	188
Discharges ..	(c) 2,729

<i>Classification of Visits:</i>	
Medical ..	50,417
Surgical ..	12,887
Tuberculosis ..	5,065
Gynaecological ..	1,055
Maternal complications ..	125
Infectious diseases ..	37
Casual ..	350
Remaining on books ..	539
Total visits ..	(d) 69,936

<i>Classification of New Cases:</i>	
Diseases of circulatory system ..	404
Diseases of nervous system ..	272
Carcinoma—all types ..	252
Diseases of respiratory system (non-tuberculous) ..	381
Senility ..	140
Circumcision ..	136
Gynaecological ..	104
Diabetes ..	80
Genito-urinary diseases ..	65
Burns, scalds, injuries ..	98
Digestive diseases ..	322
Otitis media ..	60
Rheumatism and allied conditions ..	55
Tuberculosis ..	78
Leg ulcers ..	33
Infectious diseases ..	7
Acute conditions ..	366
	2,913 new cases
	355 old cases
	(b) 3,268 TOTAL

The new cases attended during the year are divided into age groups as follows:—

<i>Age Group</i>		<i>No. of cases</i>		<i>% of total</i>	
Under 5 years ..	248	8.5			
5—64 years ..	944	32.5			
65 + ..	1,721	59.0			
	(a) 2,913				100.0

The number of patients attended show an increase of 195 over last year and visits paid an increase of 19,220. 59 per cent of all patients attended are in the 65 years and over group; 60 per cent of all visits paid are to this age group also. General nursing care, which is the most time-taking duty of the district nurse, accounts for 52 per cent of all visits paid; 28 per cent for the purpose of giving treatment by injection therapy and the remaining 20 per cent for surgical dressings and other specialised treatments.

The excellent co-operation which has been established between the general practitioners and this Service, I am happy to state, still exists. The liaison with the hospitals is also satisfactory.

During the year we have received student nurses from the Royal Infirmary, St. Luke's Hospital and the Children's Hospital. Not only do these visits widen the student nurse's understanding of her patient's needs when he returns home, but it forms a valuable link between the nursing staffs of both district and hospital, and helps indirectly both recruitment to the district nursing field and also liaison between the two services.

During August and September members of the staff joined with the Halifax District Nursing Association staff and attended a course on Lifting Methods and Posture as applied to District Nursing. It is hoped over the course of time that these methods will become general practice and so help to reduce the incidence of strained backs to which district nurses appear to be prone. This is due largely to working with beds of varying heights and often in inconvenient positions. The popular low divan bed is an especial offender.

Transport arrangements for the staff are satisfactory. The outside of the Central Home at 93 Little Horton Lane, has been repainted and some interior decorations done.

Domestic Help

(Section 29, National Health Service Act, 1946)

A limited service of domestic help for maternity cases was available in the city from 1929 until the National Health Service Act in 1948. This service was provided by a voluntary organisation—the Maternity Care Committee.

The present service has continued to expand from year to year, and now consists of a Domestic Helps Organiser, an Assessment Officer, and clerical staff working under the direction of the Senior Medical Officer for Care and After-care Services.

The number of domestic helps employed at the end of 1957 was as follows:

Full-time helps employed	74
Part-time helps employed	170
	<hr/>
	244
	<hr/>

(Equivalent to 138 full-time helps working 40 hours a week.)

The growth of the Service since 1948 is shown in the following table:

Date	No. of Helps Employed		Equivalent number of full-time helps	Average number of cases attended weekly
	Full-time	Part-time		
July 1948	6	12		—
Dec. 1948	15	20		43
Dec. 1949	25	24		76
Dec. 1950	30	39	(47, working a 48 hour week)	136
Dec. 1951	45	54	(67, working a 48 hour week)	200
Dec. 1952	45	69	(70, working a 44 hour week)	195
Dec. 1953	53	66	(73, working a 44 hour week)	225
Dec. 1954	62	73	(88, working a 44 hour week)	314
Dec. 1955	73	81	(97, working a 44 hour week)	440
Dec. 1956	84	135	(125, working a 40 hour week)	—
Dec. 1957	74	170	(138 working a 40 hour week),	—

New applications for assistance during 1957 were 1,629, compared with 1,752 in 1956.

Cases requiring the services of a domestic help are referred approximately as follows:

				%
By Medical Practitioners	..	..		50
By Almoners	..	..	..	24
By N.A.B. and Welfare Dept.	..	..		13
By Ante-natal clinic	..	..	..	10
By Health Visitors	..	..	..	3
				<hr/>
				100
				<hr/>

The average number of hours worked at each case was 126, compared with 132 in 1956 and 157 in 1955.

The average number of hours worked each week by the total number of helps on duty was 5,110.

The following tables show further analyses of the applications; the number of cases where help was given, and the number of cases attended in respect of which no charge was made. Where a charge is made, it is decided by the Assessment Officer of the Service in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council. The amount collected from chargeable cases (655) in 1957 was £7,189; the average charge per case being £10 19s. 6d.

New applications were received in respect of:

	1953	1954	1955	1956	1957
General and chronic sickness cases	476	496	309	317	257
Old people	808	700	618	803	835
Tuberculosis cases	24	27	26	22	15
Blind persons	18	24	22	19	10
Maternity cases	452	557	604	591	512
Totals ..	1,778	1,804	1,579	1,752	1,629

Number of cases where help was given:

	1953	1954	1955	1956	1957
General and chronic sickness cases	432	378	251	241	188
Old people	522	466	495	658	667
Tuberculosis cases	18	19	20	17	14
Blind persons	16	28	10	17	8
Maternity cases	283	437	437	420	391
Totals ..	1,271	1,328	1,213	1,353	1,268

Number of cases attended in respect of which no charge was made:

	1953	1954	1955	1956	1957
General and chronic sickness cases	138	66	63	62	72
Old people	415	353	408	510	520
Tuberculosis cases	13	10	13	15	12
Blind persons	12	18	6	17	8
Maternity cases	9	—	3	—	1
Totals ..	587	447	493	604	613

The following is a summary of these analyses for 1957:

	General and Chronic Sickness	Old People	Tuberculosis Cases	Blind Persons	Maternity Cases	Total
Number of new applications for help	257	835	16	9	512	1,629
Number of Cancellations ..	—	—	—	—	—	361
Number of cases where help was given	188	667	14	8	391	1,268
Number of free cases attended	72	520	12	8	1	613
Number of chargeable cases attended	116	147	2	—	390	655
Number of cases carried forward from previous year	—	—	—	—	—	839

Ambulance Service

Ambulance Service

(Section 27, National Health Service Act, 1946)

J. CLARK, *Ambulance Officer*

The total figures for the year under review, shown in detail below, are 137,217 persons moved by ambulance or sitting case car, and the mileage involved in connection with these amounts to 409,549.

The patient figure is an increase over last year of some 3,458 and the mileage figure is also increased by 6,108.

A summary of the work done by the Service during 1957, with figures for previous years, is shown in the following table:—

TABLE 1

Year	Cases	% increase on previous year	Mileage	Average miles per case
1948	24,059	—	157,451	6.54
1949	47,012	95	250,969	5.34
1950	69,691	48	284,758	4.08
1951	85,237	22	300,618	3.58
1952	93,128	9	309,779	3.35
1953	107,660	15	347,960	3.23
1954	110,774	3	364,874	3.29
1955	120,984	9	397,628	3.28
1956	133,759	10	403,441	3.02
1957	137,217	2.5	409,549	2.98

The following table gives details of patients carried, journeys and mileage covered by each type of vehicle:—

TABLE 2

Patients	Type of vehicle			Total
	Ambulances	Sitting Case Cars	Sitting Case Coaches	
(a) Accident	3,449	169	82	3,700
(b) Others	71,275	5,803	12,233	89,311
(c) Mentally Handicapped Children	7,561	16	36,629	44,206
	82,285	5,988	48,944	137,217
<i>Journeys</i>				
(a) Patient and M.H. children	13,103	2,115	3,008	18,226
(b) Abortive and Service	303	215	52	570
(c) Analgesia, etc.	331	902	209	1,442
	13,737	3,232	3,269	20,238
Mileage	277,638	64,141	67,770	409,549

The following table gives the approximate percentages (of total cases) of cases in certain categories:—

TABLE 3

Category				%
(a)	Accident and Emergency	..	..	3
(b)	Mentally Handicapped Children	..	..	32
(c)	Out-patients	..	..	49 (approx.)
(d)	Admissions, Discharges, Transfers, etc.	..	..	16 (approx.)

From Table 1 it will be seen that there has been an increase of 2·5 per cent in the number of cases over the previous year and that the average miles per patient is the lowest since the inception of the Service.

Personnel

The strength of the Ambulance Service at the end of 1957 was as follows:—

Staff	Vehicles
Ambulance Officer	9 large ambulances
1 Clerk	6 small ambulances
1 Radio Operator	6 sitting-case coaches
3 Shift Foremen	3 sitting-case cars
50 Driver/Attendants	
1 Fitter-Mechanic	
1 semi-skilled Mechanic	
7 part-time female escorts for M.H. children	

The repair and maintenance of vehicles continues to be undertaken at the Ambulance Headquarters in Sugden Street.

**Inspection and Supervision
of Food and Food Premises**

FOOD PREMISES

MILK SUPPLY

ICE CREAM

FOOD AND DRUGS

PHARMACY AND POISONS

FERTILISERS AND FEEDING STUFFS

MEAT INSPECTION

Inspection and Supervision of Food and Food Premises

F. H. MYERS, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops Act, 1950, and at the same time enforce the provisions of the Food Hygiene Regulations, 1955, and the Food Handling Byelaws, thus saving duplication of visiting.

This work is covered by two Divisional Inspectors (one for food and drugs sampling and food hygiene and one for meat inspection) and their associated inspectors, and both divisions have played an important part in the student training scheme operated by the City Council.

Food Premises

Routine inspection of food premises under the Food Hygiene Regulations, 1955, has progressed throughout the year, and it is pleasing to record that much improvement has been effected. The extent of the work is, however, tremendous, and much remains to be done. It is found that many old premises do not lend themselves readily to compliance with the requirements of the Regulations without structural repairs and improvement. Similarly much old equipment is found to be in need of replacement or renovation. The basic cleanliness of the food rooms is also a matter calling for constant attention; there is a tendency to leave re-decoration until it is much overdue, and one cannot help wondering how long this would be deferred if the inspector did not visit. Apart from the matters affecting the premises and equipment, the education of the food handler is still of paramount importance, and emphasis is placed on this aspect of the work. Details are given elsewhere of the prosecutions regarding the sale of mouldy food, and in these cases consideration must be given to the apportionment of responsibility. In such investigations the lack of care taken by food

handlers in ensuring that perishable foods are not carried over for a number of days is often evident. Further, the dangers of rodent infestation are also not always appreciated. It was found in one case that rats had damaged a number of hams and sides of bacon in a retail shop, and had it not been for the arrival of the inspector it appears that these would have been sold with, at the most, a perfunctory trimming. Instead a very comprehensive trimming was carried out and 70 lbs. bacon and ham removed for destruction. The presence of foreign matters in food also gives evidence of lack of care. It is hoped that as the standard of premises and equipment improves, so will the hygiene consciousness of the individual increase.

During the year a total of 1,919 detailed inspections were made and 1,770 contraventions noted. As a result of these 447 warning letters were sent and 243 verbal cautions issued. On a limited number of revisits it was found that 885 contraventions had been remedied.

It has been the policy to send a formal warning letter after an inspection specifying the matters considered to contravene the Regulations and detailing the remedial measures considered necessary. From the revisits carried out during the year it has been found that this method is quite effective in securing the execution of works. The aim has been to give traders the opportunity of carrying out improvements rather than taking punitive legal action, and it is pleasing to record that such action has not yet been found necessary. One bakery, however, was closed for a week until it was brought up to standard. In one rather blatant case of smoking, legal proceedings were instituted and the magistrates imposed a fine of £15 and ordered payment of £3 3s. costs.

In the Council properties the scheme of improvement to the open air market was completed, and the new arrangements give much cause for satisfaction. Rebuilding of the war-damaged market has now commenced and it is certain that on completion this will serve as a further example to the food trades of modern hygienic construction.

On the subject of the protection of food from contamination, the High Court decision in the case of *Mac Fisheries (Wholesale and Retail) Ltd. v. Coventry Corporation* has presented enforcing authorities with a problem. It is hoped that early consideration will be given to the amendment of Section 13 of the Food and Drugs Act, 1955, so that the Regulations may be given wider interpretation which is more in accord with public opinion.

Milk Supply

The total amount of milk consumed daily in the city was about 3,000 gallons, which it is estimated comprised approximately 90 per cent processed milk and 10 per cent raw tuberculin tested milk.

Although some dairy farms have ceased production and some have disappeared as a result of housing development, there are still 160 farms producing milk within the city boundary. In addition, as a result of the expansion of the processing dairies during the last few years, a large quantity of milk is coming into the city from the surrounding country areas. As much of this supply is brought in churns from individual farms the sampling work has correspondingly increased.

Regular testing of these supplies has been carried out during the year for chemical analysis, bacteriological and biological examination.

No outbreaks of milk-borne disease occurred during the year.

Arising from the routine inspection of milk and milk vehicles carried out during retail sampling, a farmer and his roundsman were both prosecuted under the Merchandise Marks Act, 1887-1953, in respect of the application of the description "Tuberculin Tested Farm Bottled Milk" to "Pasteurised Milk". The Food Inspector's suspicions were aroused that the transfer of milk between bottles had been taking place on the vehicle, and these were confirmed by laboratory examinations. The magistrates, expressing the view that they took a serious view of the offence, imposed a fine of £10 on each defendant.

Milk and Dairies Regulations, 1949-1954

There were, at the end of the year, 1,333 persons registered for the sale of milk within the city. These may be classified as follows:—

Dairymen	207
Shops where milk sold in sealed bottles only	1,126

In addition to the above there were 94 producer retailers engaged in the sale of milk within the city.

Milk Special Designations

Licences authorising the use of special designations in relation to milk were issued as follows:—

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-1954	
Dealer's Licence authorising the use of the special designation "Tuberculin Tested"	205
Supplementary Licence authorising the use of the special designation "Tuberculin Tested"	39

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	3
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	1
Dealer's Licence authorising the use of the special designation "Pasteurised"	200
Dealer's Licence authorising the use of the special designation "Sterilised"	1,292
Supplementary Licence authorising the use of the special designation "Pasteurised"	37
Supplementary Licence authorising the use of the special designation "Sterilised"	18

Milk Processing

There were during the year four dairies engaged in the heat treatment of milk; three by the pasteurisation and one by the sterilisation process. It is estimated that a total of 29,000 gallons of milk was treated in the city daily.

Infection in Milk

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year, particular attention again being paid to the local farms.

There were 160 dairy farms engaged in the production of milk in Bradford, and in addition milk from 41 farms outside the city boundary was sold here. A total of 451 samples from these milks was examined biologically at the Public Health Laboratory during the year, and for the first year on record none was found to contain tubercle bacillus.

This result is most satisfactory and suggests that the intensive work carried out in this field is now meeting with success.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past nine years:

Tuberculin Tested										
Herds—	1949	1950	1951	1952	1953	1954	1955	1956	1957	
Samples taken ..	89	169	227	240	279	277	341	246	315	
<i>B. tuberculosis</i> found	—	—	1	1	—	—	1	—	—	
Ordinary Herds—										
Samples taken ..	159	278	268	267	267	251	247	179	136	
<i>B. tuberculosis</i> found	4	17	13	5	10	12	10	5	—	
Totals—										
Samples taken	425	680	715	707	726	599	588	425	451	
<i>B. tuberculosis</i> found	8	31	27	13	22	14	11	5	—	

It was decided towards the end of the year to investigate the incidence of *Brucella abortus* infection in milk, and of 22 farm milks sampled 4 were found to be infected. Milk from the infected animals was immediately diverted for pasteurisation and subsequent check samples of the milk sold to the public were found to be satisfactory.

It is proposed to continue this work during 1958 and make a comprehensive investigation into the incidence of this infection.

Chemical Examination of Milk

1,181 samples were analysed. The results show that 71 of the samples gave an analysis under 3.0 per cent of fat while 28 of these samples gave an analysis under 8.5 per cent of non-fatty solids. The total below both 3.0 per cent of fat and 8.5 per cent of non-fatty solids was 17. In most cases the adulterations were small and warnings were issued.

Table 1 gives comparative figures for the milks examined during the period 1935 to the present year.

Examination of Raw Milk

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Blue Reductase Test	
	Pass	Fail
443	416	27

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory as shown in the following table:—

Class of Milk	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test		Turbidity Test	
		Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested							
Pasteurised	212	212	—	202*	—	—	—
Pasteurised	393	392	1	377†	—	—	—
Sterilised	96	—	—	—	—	96	—

* 10 tests reported void.

† 16 tests reported void.

CHEMICAL ANALYSIS OF MILK

SOLIDS NOT FAT

FAT

YEAR	Under 3.0%			3.0% to 3.5%			Over 3.5%			Under 8.5%			8.5% and over			TOTAL
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	
1957	71	6.02	338	28.62	772	65.36	28	2.38	1153	97.62	1181					1181
1956	94	6.7	453	32.2	857	61.1	80	5.7	1325	94.3	1405					1405
1955	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0	1083					1083
1954	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7	971					971
1953	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2	790					790
1952	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857					857
1951	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727					727
1950	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737					737
1949	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469					469
1948	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7	563					563
1947	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0	603					603
1946	11	1.9	221	38.8	337	59.3	111	19.5	458	80.5	569					569
1945	24	3.4	346	48.3	347	48.3	119	16.6	598	83.4	717					717
1944	23	3.0	247	32.1	489	64.9	54	7.0	705	93.0	759					759
1943	21	3.2	220	33.0	417	63.8	88	13.2	570	86.8	658					658
1942	18	2.7	181	27.2	460	70.1	92	13.8	567	86.2	659					659
1941	10	1.5	171	25.6	486	72.9	59	8.9	608	91.1	667					667
1940	13	1.9	213	31.9	452	66.2	27	4.0	651	96.0	678					678
1939	15	2.1	237	33.2	476	64.7	7	0.9	721	99.1	728					728
1938	27	4.2	268	41.4	352	54.4	21	3.3	626	96.7	647					647
1937	29	3.4	343	39.8	489	56.8	10	1.2	851	98.8	861					861
1936	15	2.8	213	39.6	310	57.6	1	0.2	537	99.8	538					538
1935	21	2.3	276	30.7	602	67.0	1	0.1	898	99.9	899					899

Ice Cream

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made to ensure that ice cream premises and plant complied with the requirements of the Ice Cream (Heat Treatment) Regulations, 1947-52.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

Seventy-nine samples were submitted for examination during the year and they were graded as follows:—

Provisional Grade	No. of Samples
Grade I	55
Grade II	15
Grade III	5
Grade IV	4
	—
	79
	—

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1953, the minimum standards for ice cream are 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat.

Fourteen samples were submitted to the Public Analyst and all were reported to be satisfactory.

The average figures reported from analysis of these samples were:—

Fat	10.63 per cent
Sugar	12.42 per cent
Milk solids other than fat	11.00 per cent

The following table shows the percentage of the ingredients found on analysis:—

FAT					
Percentage					
Under	5.0–	7.0–	9.0–	11.0–	13.0 and
5.0	6.9	8.9	10.9	12.9	over
—	—	2	9	1	2

MILK SOLIDS OTHER THAN FAT					
Percentage					
Under	7.5–	8.5–	9.5–	10.5–	11.5 and
7.5	8.4	9.4	10.4	11.4	over
—	1	2	1	6	4

SUGAR				
Percentage				
Under	10.0–	12.0–	14.0–	16.0 and
10.0	11.9	13.9	15.9	over
1	5	4	4	—

Food and Drugs

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officer for analysis was 1,501; of these 1,416 were certified as genuine and 85 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors were cautioned.

A table showing the number of samples procured and examined during 1957 will be found in the Appendix.

Bacteriological Examination

171 samples of food were submitted to the Public Health Laboratory for examination for pathogenic organisms. These were obtained during investigations into suspected cases of food poisoning and in the routine check of foods considered liable to convey such infections.

The results included the following:—

- (a) *Salmonella typhimurium* was isolated from samples of liver and ring sausage, ham salami, raw pork, minced pork and veal and dried egg albumen.
- (b) *Salmonella pullorum* was isolated from samples of Chinese frozen whole egg.
- (c) *Clostridium welchii* was isolated from samples of pork sausage and brisket.
- (d) *Staphylococcus aureus* was isolated from a sample of tongue.

In addition 53 swabs of food and food equipment were submitted for examination, *salmonella typhimurium* being isolated from swabs of a wooden table and wooden food barrels and *salmonella derby* from swabs from a wooden table.

An endeavour was made to introduce supplies of untreated mussels into the wholesale market, but as the reports on bacteriological examination were most unsatisfactory no further action was taken.

Food Inspection

Offences in relation to the sale of food in an unsatisfactory condition or containing extraneous matter appear to have been on the increase. Whether this is due to a deterioration in standards in the food trades or to an increasing public consciousness of food hygiene and a willingness to report matters to the food inspector is a matter of conjecture. It is thought that the latter is more probably the case, particularly as a number of prosecutions have been taken and have received publicity in the local press.

A number of complaints were investigated and related both to food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in court to assist in taking legal proceedings, and of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint, and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the public health department of the area concerned. Strong warning letters were sent to the manufacturers in some cases, but in nine cases legal proceedings were instituted, particulars of which are as follows:—

- (1) The sale of a Christmas cake affected with mould—the company selling this was fined £20 and ordered to pay £6 costs. The managing director was fined £10 for aiding and abetting.
- (2) The sale of a meat pie affected with mould—the retail shopkeeper was fined £1 and ordered to pay £3 costs.
- (3) The sale of a meat pie affected with mould—the retail shopkeeper was fined £20 and ordered to pay £3 3s. costs.
- (4) The sale of a loaf affected with mould—the company selling this was fined £5 and ordered to pay £3 3s. costs.

- (5) The sale of a scone containing wire—discretion was exercised in favour of the retailer and the manufacturing bakery company were prosecuted and fined £5 and ordered to pay £3 7s. 11d. costs.
- (6) The sale of a cornish pasty affected with mould—the company selling this were fined £5 and ordered to pay £2 2s. costs.
- (7) The sale of a teacake containing a nail—discretion was exercised in favour of the retailer and the manufacturing bakery was prosecuted and fined £10.
- (8) The sale of a loaf affected with mould—the company selling this was fined £5 and ordered to pay £3 3s. costs.
- (9) The sale of a loaf containing a nail—discretion was exercised in favour of the retailer and the manufacturing bakery company was prosecuted and fined £10 and ordered to pay £3 3s. costs.

Supplies of fish, poultry, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale warehouses and retail shops. Most of the fish, poultry, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods was 532.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Merchandise Marks Act, 1926

Routine checks have been made to ensure compliance with the requirements of the various Marking Orders made under this Act. Where contraventions were noted cautions were issued and it has not been found necessary to institute legal proceedings.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 597. The following table sets out the number of persons entered according to the respective trades. A special visit was made on receipt of a new application. Routine checks are now being made during inspections under the Food and Drugs and Shops Acts.

Number	Horti- culture	Hardware Dealers	Herba- lists	Hair- dressers	Grocers and General
597	6	62	4	8	517

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

The year has been one of steady improvement in the abattoir.

New floors have been laid down in the pig slaughter halls and the old insanitary cratches have been replaced by fixed concrete cratches. A completely new calf lairage has been constructed at the rear of the calf slaughterhall. The runways to the lairages on the old side of the slaughterhouse have been relaid.

One hundred per cent meat inspection has been carried out during the year despite staff vacancies, though this has entailed a considerable amount of overtime being worked. With a staff of two full-time inspectors and three part-time inspectors a total of 1,779½ hours of overtime were required to be worked in order that the hundred per cent meat inspection could be maintained. For the first time in eight years there was an appreciable reduction in the number of cattle found to be affected with cysticercus bovis. Only 48 cases were discovered and these were localised infestations only, the parasite being confined to the masseter muscles and the myocardium. All the affected organs were condemned and destroyed and the carcase meat and the unaffected organs were detained under supervision in the Corporation cold store at a temperature of less than 21 deg. F for three weeks. There was also a noticeable reduction in the number of carcasses treated in the cold store which were sent in by the inspectors in surrounding authorities.

No cases of cysticercus cellulosae in pigs were found during the year.

The steady decline in the incidence of generalised tuberculosis continued throughout the year, but owing to the Ministry of Agriculture, Fisheries and Food scheme for the elimination of cattle reacting to the Tuberculin test, a greater number of cattle were slaughtered under the Tuberculosis Order, 1938. The Ministry sent in a total of 373 cattle which were slaughtered and examined. A detailed report on each animal was sent to the Ministry. Eleven of these cattle were condemned for generalised tuberculosis and 230 were found to be affected with localised tuberculosis, the lesions being found principally in the lymph glands of the head and lungs. These carcasses were passed as fit for food.

One hundred and forty pigs which had been in contact with confirmed cases of swine fever were killed under the Swine Fever Order. None of these contacts was found to be affected with the disease.

One case of anthrax occurred in a private slaughterhouse in Bradford. The carcase was destroyed by burning and the persons who had handled the animal were inoculated as a precautionary measure. The premises were closed down whilst a thorough disinfection took place.

The abattoir laboratory has been in use throughout the year and has been of great value in the diagnosis and confirmation of disease lesions. Research into certain parasitic phenomena in pigs was carried out, and these enquiries are continuing.

Research continued throughout the year on salmonellosis in pigs, and a large number of specimens have been taken for examination at the Medical Research Council Laboratory, Edmund Street.

A large number of diseased specimens were collected during the year for demonstration purposes at Bradford Institute of Technology and further specimens have been presented and added to the library in the abattoir lecture room.

Specimens have been provided for biological studies to all the grammar schools in the city, and a large number of specimens were collected for the Optics Department of the Institute of Technology.

There are eight licensed private slaughterhouses in Bradford, one of which is not in use. The throughput of these slaughterhouses is small except in the case of the Bradford Co-operative Society's abattoir where the Fatstock Marketing Corporation carry out Sunday slaughtering. A total of 3,080 animals were killed by them during the year and the great majority of these carcasses were taken to wholesale meat markets outside the city. All the slaughterhouses were visited regularly throughout the year and 100 per cent meat inspections took place.

Monthly visits of inspection have been made to tripe manufacturers, gut scrapers, and hide and skin dealers within the city and all notices of works required to be done have been complied with.

There were 127 licences issued for slaughtermen during the year. In the case of new licences, a test of the applicant's capabilities was made before the application was put before the Council.

Environmental Hygiene

DISTRICT INSPECTION

COMMON LODGING HOUSES

HYGIENE in
 FACTORIES
 WORKPLACES

OUTWORKERS

RAG FLOCK AND OTHER FILLING MATERIALS
 ACT, 1951

SHOPS' ACT, 1950

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

RODENT CONTROL

SMOKE ABATEMENT

MEASUREMENT OF ATMOSPHERIC POLLUTION

HOUSING

RENT ACT, 1957

BRADFORD CORPORATION ACT, 1949

DISINFECTION AND DISINFESTATION

Environmental Hygiene

F. H. MYERS, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector*

It was expected that the scheme for the replacement of waste water closets by water closets would be completed by the end of the year. This objective was not achieved but arrangements were made by the year end for the completion of the last contracts. The district inspectors have acted as clerks of works on these contracts and much time has been absorbed in detailed supervision and checking of final accounts.

During the year the scheme for carrying the water mains to the outlying rural parts of the city, sponsored by the Health Committee, was completed, and work commenced in connecting up isolated farms and cottages.

Definite progress can now be seen in slum clearance. For example, the Picton Street area was finally cleared on the 30th June, 1957, and by the end of the year the new blocks of flats and maisonettes were well advanced in construction on the site thus cleared.

District Inspection

The district public health inspectors work under the supervision of two divisional inspectors and cover all the routine duties not allocated to specialist inspectors. They investigate all complaints, of which 3,131 were received during the year, and, where these visits result in the service of notices, it often requires several additional visits to enforce satisfactorily the abatement of the nuisance. Whenever there was failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

During the year the district inspectors supervised three exhumations and ensured that re-interment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were four common lodging houses in the city. These comprised 22 sleeping rooms and afforded nightly accommodation for 276 males.

The total number of persons accommodated during the year was 66,154. The nightly average was 181, representing 67 per cent of the accommodation available.

Hygiene in Factories

The Council are responsible, with certain exceptions, for enforcing in all factories the provisions of the Factories Act, 1937, with regard to sanitary accommodation and in factories where no mechanical power is used the provisions dealing with cleanliness, overcrowding, temperature, ventilation and drainage of floors.

The register of factories, which is kept by the Council under Section 8 (3) of the Factories Act, 1937, showed that there were 2,644 factories, comprising 2,345 power factories, 264 non-power factories and 35 other premises (mainly building sites).

The major portion of the work during the year was in connection with the installation of new sanitary accommodation and alterations to, and modernising of, existing accommodation.

In the larger type of factory the trend in the construction of new conveniences is for a very good type of material to be used for the floors, partitions and sanitary fittings. A disturbing feature in certain cases is the gross misuse of new accommodation installed at considerable expense.

The provisions of certain parts of the Factories Act, 1937, apply to building operations, and have effect as if any place where such operations are carried on were a factory. The Council are responsible for enforcing the provisions with regard to sanitary accommodation in such factories.

Legal proceedings were taken against one firm for failing to provide suitable sanitary accommodation for the workmen employed on a building site. The case was heard at the City Court where the firm pleaded guilty and was fined £5.

A full report will be found in the Appendix giving in detail the work carried out and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

The term "workplaces" is defined as including any place where persons are employed, otherwise than in domestic service, but does not include a factory. This definition is the means whereby local authorities are empowered to supervise conditions in offices.

During the year 176 visits were made to workplaces for the purpose of inspection and supervision of work carried out. The visits in most cases concerned alterations or installations of sanitary accommodation and, whilst the provision of washing facilities cannot be legally enforced, it is an accepted practice that these are essential, and most schemes are planned to allow for these fittings.

In one case the ventilation of a workplace (office) was found to be unsatisfactory, but this was remedied on being brought to the notice of the owners.

A summary of the work executed in connection with workplaces will be found in the Appendix alongside those for factories.

Outworkers

The register of outworkers was kept up to date, and as the lists of outworkers sent to this Authority included 540 persons whose places of employment were outside the city, it was necessary to supply to 43 authorities the names and addresses of persons residing in their areas in accordance with the requirements of the Factories Act, 1937, Section 110 (2).

The total number of outworkers notified was 923 and this figure was made up of the following classes: textile (burling) 57·4 per cent, wearing apparel 40·3 per cent, furniture and upholstery 0·9 per cent, curtains and furniture hangings 0·6 per cent, household linen 0·5 per cent, umbrellas 0·1 per cent, locks, latches, keys 0·1 per cent, and brush making 0·1 per cent.

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the Appendix.

Rag Flock and Other Filling Materials Act, 1951

In order to ensure that the standards of cleanliness laid down in the Regulations were maintained for the filling materials used in any form of upholstery and in the stuffing or lining of bedding, toys and baby carriages, 17 formal samples were taken during the year.

These were varied and consisted of rag flock, coir fibre, cotton mill-puffs, hair, cotton felt and Algerian fibre. They were submitted to the analyst prescribed under the above Act, and only one sample of cotton millpuffs was reported as not satisfying the standard of cleanliness laid down by the Regulations made under the Act.

Legal proceedings were taken in respect of the unsatisfactory sample. The defendant pleaded guilty and was given a conditional discharge with £4 4s. costs.

The annual licence in respect of premises used for the manufacture of rag flock was again renewed.

One licensed and 29 registered premises were recorded in the city at the year end.

Administration of the Shops' Act, 1950

The total number of shops on the register at the end of the year was 7,237. Food was sold in 4,303 of these premises.

Continued staff shortages during the year made it necessary to confine routine visits under the Shops Act, 1950, to food shops already subject to inspection under the Food Hygiene Regulations, 1955, although additional visits to non-food shops were made on complaint or request. Some breaches of the Act were found, and in each case verbal or written warning was given.

Observations were kept during the year to check compliance with the Sunday Trading provisions of the Act, and the Weekly Half Holiday Orders and Closing Orders made under the Act. Eleven shops were found to be open for the serving of non-exempted articles on a Sunday, and in six cases Mixed Trades notices were not displayed as required by Shops Regulations; verbal warnings were given in seven of these cases. Six shopkeepers were warned in writing for remaining open for the serving of customers with non-exempted articles on the Weekly Half Holiday and fifteen were given verbal warnings for the same offence. Sixteen shopkeepers were verbally warned for failing to display the necessary Mixed Trades notices on the Weekly Half Holiday.

Twenty persons were warned in writing for carrying on retail trade in places not being shops in contravention of Section 12 of the Act, and the relevant Weekly Half Holiday Orders and Closing Orders, and five persons were given verbal warnings for the same offences.

These offences concerned the operation of mobile shops, mainly on the housing estates in the city, at times when shops were required to be closed for the serving of customers. There has recently been a substantial increase in this type of trade, and a corresponding increase in the resentment of shopkeepers with large overhead expenses, when legitimate trading hours have not been adhered to by these itinerant traders.

The relevant Section of the Act is a controversial one, and new legislation specifically covering mobile shops would appear desirable to clarify the situation.

It was found necessary to take legal proceedings in six instances for contraventions of the Shops Act, 1950. Fines and costs totalling £26 18s. were imposed on six shopkeepers for breaches of the Sunday Trading provisions of the Act and non-compliance with the Weekly Half Holiday Orders and Closing Orders made under the Act.

Heating Appliances (Fireguards) Act, 1952

Legal proceedings were taken against two shopkeepers for exposing for sale heating appliances not fitted with guards in accordance with Section 1 of the above Act, and against one person for aiding and abetting such an offence. All were convicted, and fines and costs totalling £12 were imposed.

Rodent Control

Surface Infestations

During the year 1,548 premises were inspected regarding rodents and 1,243 infestations dealt with, 611 being rat infestations and 632 mice infestations. One thousand and seven infestations were notified by occupiers and 236 were discovered by inspection of premises. Baits containing antu, Warfarin or arsenious oxide were laid at 9,479 points and 1,348 lbs. of poisoned bait were used. One hundred premises were rat-proofed on completion of treatment and 206 bodies were discovered. Details of premises infested by rodents and dealt with are as follows:—

				Rats	Mice
Canteens	..	..	..	10	21
Cafes	..	..	..	7	2
Food Shops	..	..	..	48	104
Farms..	..	..	..	5	—
Tips	..	..	..	7	—
Business premises	..	..	..	111	148
Private dwellings	..	..	..	352	245
Schools	..	..	..	25	67
B.C.P.T. Depots	..	..	..	5	4
Markets and Abattoirs	..	..	..	25	19
Other L.A. properties	..	..	..	16	22
				<hr/> 611 <hr/>	<hr/> 632 <hr/>

Disinfestation of Sewers

A 10 per cent test baiting of sewers commenced in April 1957 when 552 manholes were test baited by laying 2 ozs. of unpoisoned bait per manhole. Of these, 129 proved to be infested by rats and 423 were clear. Following this, a poison treatment was carried out on the infested areas where 926 manholes were baited. Four hundred and ninety-five proved to be clear and "takes" were recorded at 431 manholes which were subsequently poisoned with arsenious oxide.

Approximately six months later a second treatment commenced where a further 1,293 manholes were baited, resulting in 513 being poisoned with antu. The remaining 780 manholes were clear.

Total number of manholes baited	..	2,771
Total number of manholes poisoned	..	1,073
Total number of manholes clear of rats		1,698

Smoke Abatement

During the year 35 complaints were received in connection with smoke emissions and two complaints in connection with soot emissions. All the complaints were investigated and improvements effected in every case, except in the case of an aluminium smelting works and a steel works, both of which present a difficult problem and do not lend themselves to a rapid or easy solution. Several of the complaints arose from boilers in which trade refuse and rubbish were being burned. This practice appears to be widespread and is being discouraged as much as possible to prevent nuisance. As a result of the investigations one formal and 17 informal notices were served on the offending persons.

There were 83 observations made of industrial chimneys and 591 visits to premises in connection with smoke abatement. Arising from the observations and visits, the following improvements to boiler plants, etc., were carried out:—

Nature of work or equipment	Number of units
Oil-fired steam boilers installed	1
Boiler plants overhauled	1
Boilers taken out of commission	4
Mechanical stokers installed	12
Mechanical stokers overhauled	13
Furnaces renewed	4
New chimneys	4
Chimneys increased in height	1
Oil burners maintained	5
Improved coal supply	4
Change of fuel, e.g. coal to coke	3
Improvements to incinerators	1
Incinerators abolished	2
Practice of burning rubbish in boiler discontinued ..	6
Improved method of soot blowing	2
Boiler instruments provided	1
Boiler instruments overhauled	5
Smoke alarm systems provided	1
Hot water storage systems installed	1
Improvements to cupolas	1

During the year three firms changed over from steam to electric power.

Fourteen applications for "prior approval" of boiler plants, etc., were considered by the Health General Purposes Sub-Committee under the provisions of the Clean Air Act, 1956, and approval was given for the installation of the following equipment:—

Type of Unit	Number Installed
Chain Grate stokers	16
Underfeed stokers	2
Oil-fired steam boilers	4
Gas-fired hot water boilers	2
Coke-fired steam boilers	1
Cast-iron sectional central heating boilers with under- feed stokers	1
Cast-iron sectional central heating boilers with oil burners	5
Cast-iron sectional central heating coke-fired boilers ..	1

The City Council made application on the 26th April, 1957, to the Minister of Housing and Local Government for permission to establish a smoke control area of approximately 600 acres with a proposed boundary of Manchester Road, Smiddles Lane, Southfield Road, Southfield Lane and Great Horton Road. The Minister approved the scheme in principle on the 22nd August, 1957, and a detailed survey of the proposed smoke control area was started in December.

It is estimated that the area includes 6,431 houses, 500 commercial premises, 14 industrial premises and one large hospital.

The City Council is applying to the Minister of Housing and Local Government for permission to adopt the byelaw requiring the installation of smokeless appliances in new buildings.

The 20 smokeless zones in the city are now well established. It is regrettable that several verbal warnings had to be given to Corporation tenants in smokeless zones regarding the burning of coal bricks. It is thought that a formal approach will have to be made in the future if the use of coal bricks in smokeless zones is to be prevented.

During the year there has been a marked increase in the number of enquiries regarding the efficient use of fuel in the home. Enquiries have ranged from the best method of lighting fires to the installation of central heating systems. There is every indication that the demand for this advisory service will increase and is indicative of the growth of an enlightened public opinion.

The tempo of the smoke abatement campaign has greatly increased in recent years, and it is felt that although the situation was improved by the appointment of a full-time smoke inspector in 1954, additional staff will be required in the near future to cope with the extra work which has now arisen from the passing of the Clean Air Act, 1956, firstly in carrying out detailed surveys for smoke control areas, and secondly, for closely supervising industrial emissions in the terms of the pending regulations.

Measurement of Atmospheric Pollution

The standard deposit gauges and lead peroxide instruments were maintained at the five established stations. The four portable deposit

gauges were in use throughout the year and have given some indication of the extent of atmospheric pollution in areas not catered for by the permanent stations. The plastic collecting bottles have proved to be very satisfactory and, as a result, readings of deposit gauges have not been disrupted by frost. The volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere, which is fixed in the Town Hall, was in operation throughout the year. Six additional smoke filter and volumetric sulphur dioxide instruments were established in November at Welbury House, Buttershaw; 28 Smith Avenue, Odsal; St. Luke's Hospital; the Central Library; York House, Thorpe Edge; and 10 Damon Avenue, Ravenscliffe, respectively. Three of the six instruments are located inside smokeless zones and three outside in comparable areas. Thus, it will now be possible to make a direct comparison of the concentrations of pollutants inside and outside smokeless zones.

Deposit Gauges

The monthly reports received from the City Analyst show that the annual deposit was less than in the previous year. Although the figures show a decrease at four of the stations an unusually high reading in December at the Central station inflated the figure for this station to the highest for more than ten years.

The North and Central stations have been in operation since 1931 and the other stations from 1950. The figures suggest that four of the stations, although showing some slight fluctuation from year to year, do tend to record a fairly steady rate of deposit. The Ambulance Station has furnished some useful information and the figure for this year is approximately fifty per cent less than the figures obtained when the station was first established in 1950. The annual deposits for the past ten years and the mean monthly deposits for 1957 are shown in the Appendix.

Sunshine Record

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was 3 hours 49 minutes. This figure is 26 minutes more than the figure for 1956, but is 11 minutes less than the figure for 1955.

Lead Peroxide Instruments

Analysis of the samples collected at the five stations are given below in milligrams of SO₂ per day 100 square centimetres of lead peroxide for the twelve months period:—

1957		Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
January	..	4.07	2.92	1.69	2.41	1.83
February	..	2.82	2.61	1.75	3.36	1.48
March..	..	3.03	2.82	1.77	3.34	1.64
April ..	..	2.10	1.89	1.16	1.89	0.97
May ..	..	2.41	2.25	1.08	1.90	0.92
June ..	..	1.49	0.60	0.53	1.87	0.56
July ..	..	1.15	1.31	0.65	1.98	0.75
August	..	1.10	0.77	0.97	1.84	1.49
September	..	0.81	0.97	2.28	1.03	0.58
October	..	2.70	1.64	1.17	1.64	1.02
November	..	4.29	2.49	2.15	2.77	1.50
December	..	4.35	2.46	2.28	2.48	1.56

Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus

The apparatus for measuring the daily concentration of sulphur dioxide and smoke has been in operation continuously for the last six years. Six new instruments were established in November.

			Smoke expressed as milligrams per 100 cubic metres			Sulphur dioxide expressed as parts per 100 million parts of air		
			Highest Value	Average Value	Lowest Value	Highest Value	Average Value	Lowest Value
Town Hall—								
January	..	..	53.35	24.54	8.78	21.17	10.64	5.35
February	..	..	99.34	42.98	16.75	33.86	16.91	8.54
March..	..	..	99.34	39.68	9.40	29.54	15.65	6.44
April ..	..	..	71.93	21.11	8.71	19.77	9.59	6.30
May ..	..	..	30.42	16.74	4.40	17.03	8.43	4.62
June ..	..	..	27.09	10.83	4.25	10.79	6.34	1.24
July ..	..	..	28.42	14.65	8.75	10.78	6.26	2.42
August	..	..	29.38	15.85	3.04	8.55	5.50	1.73
September	..	..	39.18	18.77	9.17	11.67	75.78	4.31
October	..	..	102.96	33.85	9.55	24.63	11.88	3.50
November	..	..	105.63	30.56	9.17	26.89	13.05	5.52
December	..	..	254.12	36.80	9.63	104.19	23.15	5.66

Welbury House, Buttershaw—

November	..	..	32.35	17.92	5.78	11.39	6.63	4.67
December	..	..	61.48	26.48	4.43	37.46	8.64	2.34

88 Smith Avenue, Odsal—

November	..	..	46.19	26.60	13.24	12.41	5.49	4.13
December	..	..	63.52	27.96	9.10	46.91	9.05	1.86

St. Luke's Hospital—

November	..	..	91.45	44.50	14.45	18.42	9.92	6.64
December	..	..	184.23	50.71	7.31	60.90	11.97	1.80

Central Library—

November	..	..	79.47	45.35	27.20	22.09	14.22	8.37
December	..	..	196.52	41.66	14.27	107.57	17.59	4.01

York House, Thorpe Edge—

November	..	..	42.69	22.85	11.71	10.46	5.68	3.90
December	..	..	56.68	23.32	5.43	64.25	10.58	1.92

10 Damon Avenue, Ravenscliffe—

November	..	..	42.69	27.07	16.28	10.15	7.37	4.45
December	..	..	59.43	28.78	11.68	69.65	11.46	1.35

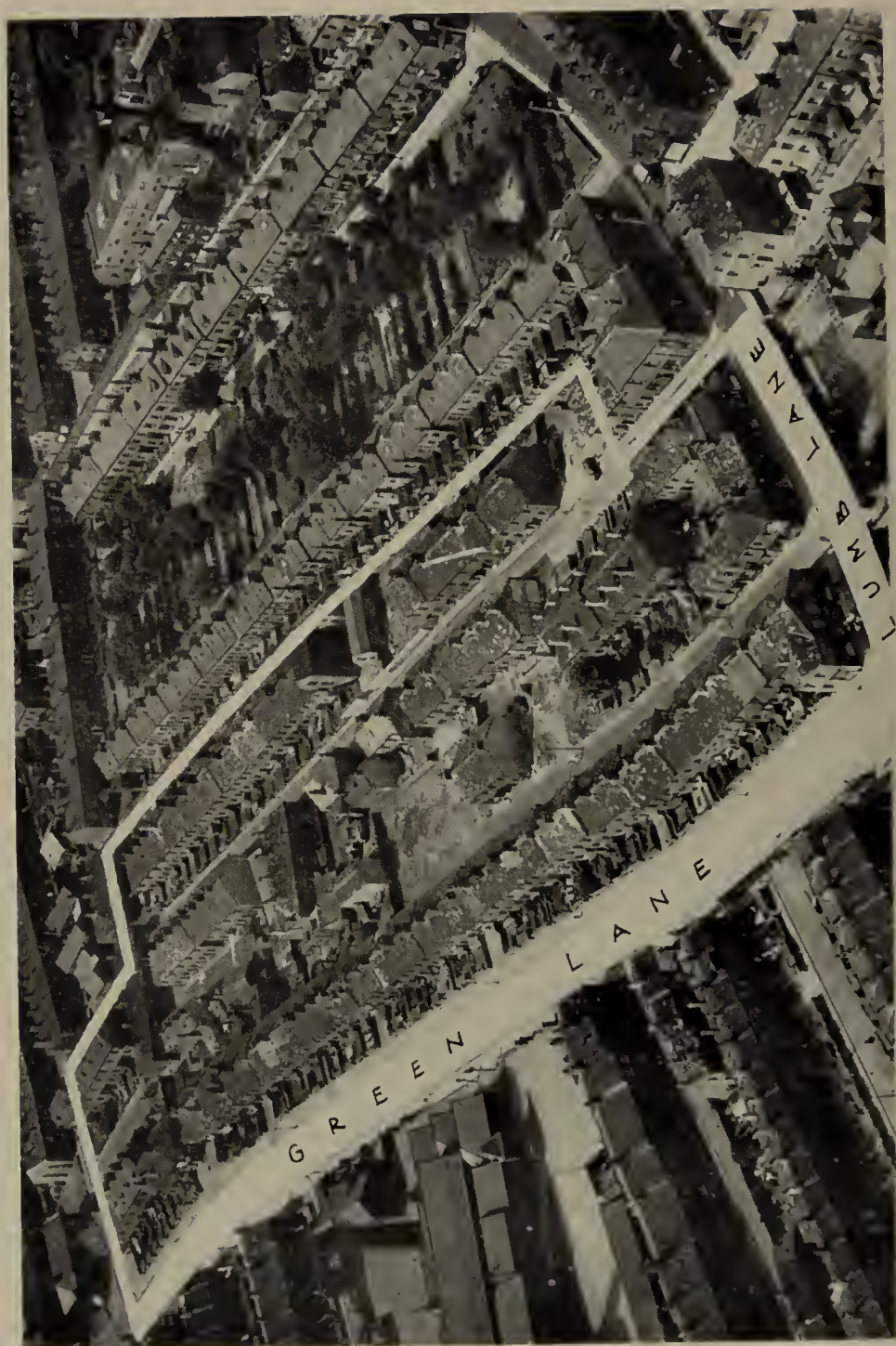
Housing

Slum Clearance

During the year the Picton Street Area has been entirely cleared of buildings, with the exception of a block of shop property which will remain until new shops are erected on the site, and 110 flats in ten 5-storey blocks are now in course of erection on the cleared site. It is expected that some of these flats will be ready for occupation early in 1958.

The Listerhills area has also been entirely cleared of buildings and this site is ready for industrial redevelopment. (The accompanying photographs show these areas before and after demolition.)

Confirmation was received from the Ministry of Housing and Local Government of the Lower Manchester Road Compulsory Purchase Order and of the Mount Street and Bowling Clearance Orders, totalling 485 houses, and rehousing of the tenants and demolition of the properties was commenced.



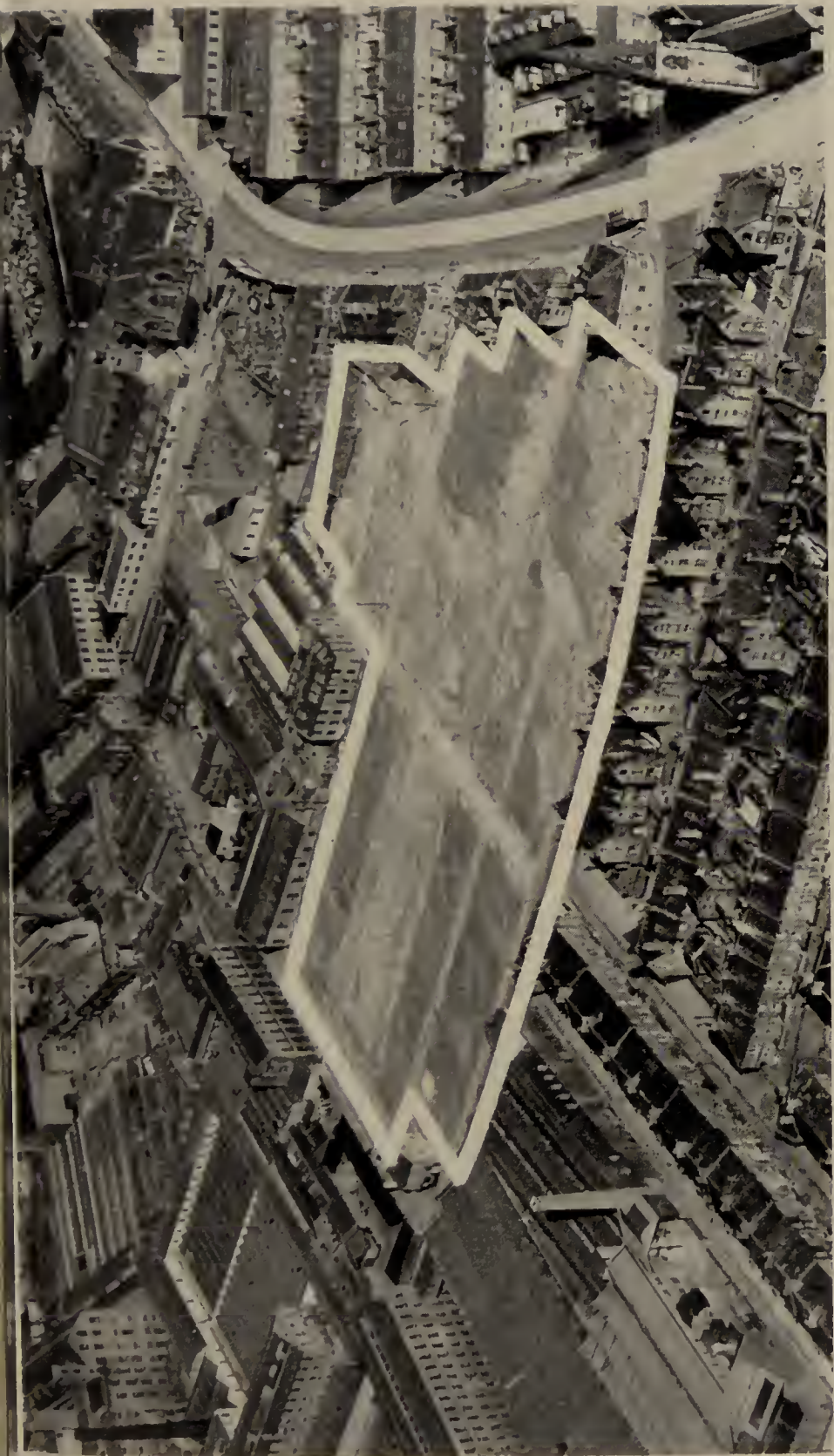
THE PICTON STREET CLEARANCE AREA



THE PICTON STREET CLEARANCE AREA AFTER DEMOLITION AND SHOWING
REDEVELOPMENT IN PROGRESS



THE LISTERHILLS CLEARANCE AREA



THE LISTERHILLS CLEARANCE AREA AFTER DEMOLITION

Further progress was made with the implementation of the first five years slum clearance proposals by the representation to, and declaration by, the Council of the following areas, three of which received Ministry confirmation during the year:

Joseph Street Compulsory Purchase Order, 1957	82 houses	Confirmed
City Road Compulsory Purchase Order, 1957	91 houses	Confirmed
Mount Street No. 2 Clearance Order, 1957	17 houses	Confirmed
Little Horton Compulsory Purchase Order, 1957	427 houses	Awaiting confirmation
Park Street Compulsory Purchase Order, 1957	118 houses	Awaiting confirmation
Beecher Street Compulsory Purchase Order, 1957	97 houses	Awaiting confirmation
Lower Manchester Road No. 2 Compulsory Purchase Order, 1957 ..	10 houses	Awaiting confirmation
Total ..	<u>822 houses</u>	

Summarising the position at the end of the year it is a fact that eight of the original nine areas scheduled for action in the first five years have been represented, and four additional areas have also been represented due to the rapid deterioration of the houses therein. The remaining area scheduled for action in the first five years, comprising some 540 houses in Manchester Road, has been inspected and prepared for representation early in 1958. Three public inquiries were held during the year and three areas were confirmed without the necessity for public inquiry. In all cases Orders have been confirmed by the Minister with little or no modifications.

The following table shows the results of action taken in respect of Orders which have been confirmed during the year:

No. of families displaced and rehoused by Local Authority ..	199
No. of families who found their own alternative accommodation	37
No. of families in confirmed orders awaiting rehousing. . .	310
No. of houses in clearance areas demolished	287

Individually Unfit Houses

The following table summarises the action taken during the year to deal with individual houses found to be unfit and incapable of repair at reasonable expense:—

No. of houses represented as unfit.. .. .	162
No. of Demolition Orders made by Council	103
No. of Closing Orders made by Council	42
No. of houses owned by Local Authority certified unfit by Medical Officer of Health	50
No. of undertakings accepted to render houses fit	1
No. of undertakings accepted that houses will not be used for human habitation.. .. .	16
No. of houses demolished under Demolition Orders (formal action)	115
No. of unfit houses demolished (informal action)	18
No. of unfit houses owned by Local Authority demolished	15
No. of families from houses subject to Demolition Orders—	
(a) rehoused by Local Authority	56
(b) removed privately	12
No. of families from houses subject to Closing Orders—	
(a) rehoused by Local Authority	57
(b) removed privately	5
No. of families rehoused by Local Authority from houses subject to undertakings not to use for human habitation, or to demolish	28
No. of families rehoused by Local Authority from unfit houses owned by Local Authority	59
No. of unfit houses incapable of repair at reasonable expense rendered fit	2
No. of Closing Orders determined	2

Rehousing Work

Work under this heading, comprising the inspection of premises and the effects of all persons qualifying under the points scheme for the tenancies of corporation dwellings, the rehousing of displaced tenants, transfers and exchanges, and the inspection of all vacant corporation dwellings prior to reletting, is increasing year by year as more and more corporation dwellings are built.

Two, and sometimes three, Inspectors are engaged full time on these necessary duties.

The following table shows the number and types of visits paid:—

	1957	1956
Total number of visits (all types)	5,052	4,162
Abortive visits	1,723	1,313
Actual Inspections (all types)	3,329	2,849
Verminous conditions found or suspected ..	263	205
Ordinary Lettings—Visits	2,050	1,653
Verminous conditions found or suspected ..	143	142
Transfers and Exchanges—Visits	811	603
Verminous conditions found or suspected ..	15	16
Vacancies—Visits	457	559
Verminous conditions found or suspected ..	99	47
Visits to houses where tenants have been recommended for rehousing on medical grounds ..	111	34
Verminous conditions found or suspected ..	6	—
Total of verminous families subsequently rehoused after disinfection carried out	133	144

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings, provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 1,017 claims for such priority were investigated during the year and in 193 cases special recommendations were made. Thus 18·98 per cent of the cases investigated were supported, which represents 10·90 per cent of the total of 1,770 lettings made during the year.

Of the cases supported on medical grounds 16·58 per cent were in respect of patients suffering from tuberculosis.

In addition to the foregoing, 416 applications were received for transfer from one Corporation house to another on medical grounds. After investigation 128 (or 30·77 per cent) of these applications were supported.

Rent Act, 1957

The Rent Act, 1957, came into operation on the 6th July, 1957 but as the booklet, "The Rent Act and You", prepared by the Ministry of Housing and Local Government and the Central Office of Information had already been published, many landlords and tenants had resolved on the action they would take when the Act became operative.

As the Rent Act, 1957, would, to a considerable extent, affect the relations of the community with whom the district public health inspectors regularly came into contact, it was decided that the district public health inspectors should deal with this matter.

Within a month of the Act becoming operative, a considerable number of enquiries were being made at the Health Department by both landlords and tenants.

By the end of September 82 applications had been made by tenants for Certificates of Disrepair, a further 199 applications were received in October, 94 in November, and 55 in December, making a total of 430 applications for Certificates of Disrepair.

During the period 6th July, 1957 to 31st December, 1957, 89 Certificates of Disrepair had been issued to tenants, two applications had been refused, and 163 undertakings by landlords to remedy defects had been accepted.

Bradford Corporation Act, 1949

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 441 such premises on the register, and during the year 30 visits were made to them. Generally speaking, the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the byelaws were observed during these visits, mostly of a minor character. Occupiers were warned, either verbally or by letter, and upon reinspection conditions were found to be satisfactory.

Disinfection and Disinfestation

This particular work and the cleansing of verminous persons and articles is carried out at and from the disinfecting station, which was erected in Canal Road over fifty years ago. From time to time the station has been improved and better equipped and, as a result, the various operations are now carried out expeditiously and efficiently.

During the year there was a slight increase over the previous year in the number of premises treated. Even so, the figure was again low. It is also gratifying to note that the number of new cases of verminous persons to be treated by the Department was negligible.

For comparison, last year's figures are shown in brackets.

Disinfection

Number of premises disinfected	..	..	..	85	(35)
Number of rooms disinfected	..	..	..	74	(50)
Number of articles disinfected	..	..	..	263	(446)
Number of library books destroyed	..	..	..	56	(27)

Disinfestation

Number of premises disinfested	..	..	..	493	(460)
Number of rooms disinfested	..	..	..	1,271	(1,057)
Number of articles disinfested	..	..	..	2,844	(3,920)

Cleansing of Verminous Persons and Articles

(1) Scabies—

	New Cases				Number of Treatments Given	
Pre-school children	2	(1)	3 (1)
School children	13	(7)	29 (27)
Adults	8	(12)	17 (36)

(2) Head and Body Lice, Fleas, etc.—

	New Cases				Number of Treatments Given	
Pre-school children	13	(15)	18 (35)
School children	151	(176)	635 (670)
Adults	60	(54)	173 (129)
Number of articles disinfested	333	(246)	.. ..
Number of baths given	337 (180)
Number of operations of steam disinfectors	190 (182)

Appendix

Table I *Vital Statistics of Whole District, 1946-1957*

Year	Population estimated to Middle Year of each corrected	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Numbers	Net	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age	At all Ages	Rate per 1,000	Number
1946	279,040	5,871	5,404	19.39	4,371	15.7	135	265	49	4,035	14.4
1947	284,900	6,473	6,334	22.23	4,782	16.8	151	380	59	4,439	15.6
1948	288,500	5,599	5,439	18.84	4,193	14.5	145	235	43	3,871	13.4
1949	291,600	5,344	5,048	17.3	4,637	15.9	178	191	38	4,223	14.5
1950	294,300	5,111	4,906	16.7	4,517	15.4	153	185	38	4,173	14.2
1951	289,800	4,919	4,769	16.4	5,008	17.3	179	208	43	4,456	15.4
1952	288,000	4,885	4,744	15.9	4,372	15.0	211	155	33	3,945	13.7
1953	286,600	4,871	4,653	15.9	4,502	15.4	111	169	36	4,059	14.2
1954	286,500	4,942	4,702	16.4	4,789	16.7	145	146	31	4,236	14.8
1955	286,400	4,913	4,641	16.2	4,533	15.8	131	130	28	4,012	13.6
1956	286,400	5,049	4,820	16.8	4,543	15.9	149	136	28	4,047	14.1
1957	287,000	5,241	4,973	17.3	4,565	15.9	212	144	28	4,057	14.1

Table 2 *Vital Statistics in Bradford, 1920-1957*

Year		Population	Birth Rate	Death Rate	Infantile Mortality Rate
1920	..	293,979	20·52	13·31	93
1921	..	291,100	19·57	13·72	109
1922	..	291,300	17·92	14·02	87
1923	..	290,800	18·19	13·75	78
1924	..	290,200	16·94	14·86	92
1925	..	290,200	16·63	13·97	95
1926	..	288,700	16·31	13·58	92
1927	..	293,200	14·73	14·57	92
1928	..	288,500	15·32	13·60	69
1929	..	289,200	15·03	15·66	80
1930	..	293,254	14·92	13·45	75
1931	..	300,900	13·56	14·21	71
1932	..	296,300	13·56	13·89	75
1933	..	295,100	13·22	14·68	79
1934	..	293,650	13·68	13·35	62
1935	..	292,200	13·55	14·28	64
1936	..	290,500	13·42	14·93	82
1937	..	289,510	13·85	14·64	69
1938	..	288,700	13·51	13·76	58
1939	..	287,500	12·42	14·91	61
1940	..	*271,700	12·81	15·85	68
1941	..	*270,310	12·35	14·81	68
1942	..	*264,800	13·90	13·29	50
1943	..	*260,300	14·46	14·43	58
1944	..	*261,890	16·15	15·00	53
1945	..	*262,660	15·84	14·90	65
1946	..	*279,040	19·39	14·46	49
1947	..	284,900	22·23	15·60	59
1948	..	288,500	18·84	13·41	43
1949	..	291,800	17·3	14·50	38
1950	..	294,300	16·7	14·2	38
1951	..	289,800	16·4	15·4	43
1952	..	288,000	15·9	13·7	33
1953	..	286,600	15·9	14·2	37
1954	..	286,500	16·4	14·8	31
1955	..	286,400	16·2	13·6	28
1956	..	286,400	16·8	14·1	28
1957	..	287,000	17·3	14·1	28

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1957

		Number of Primary Formal Notifications of New Cases of Tuberculosis													Total (all ages)	*	Grand Total
Age Periods		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—			
Respiratory, Males	..	1	1	2	3	6	7	13	36	21	29	16	7	1	143	4	147
Respiratory, Females	..	2	1	2	3	7	13	12	14	16	8	4	—	1	83	6	89
Non-respiratory, Males	..	—	—	2	1	—	1	—	4	1	1	3	—	—	13	3	16
Non-respiratory, Females		—	1	2	—	—	—	1	5	2	—	—	—	—	11	1	12
Totals															250	14	264

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and posthumous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease, 1957*

Disease	At all ages	At ages—years							25 and Age	
		Under 1	1-2	3-4	5-9	10-14	15-24	over 25	Age unknown	
Scarlet Fever	243	—	16	38	140	40	6	2	1	
Measles	5,636	215	1,355	1,685	2,238	41	18	24	60	
Whooping Cough ..	515	60	131	128	177	6	3	2	8	
Poliomyelitis—										
Paralytic	20	3	5	1	3	1	4	3	—	
Non-paralytic ..	8	2	—	—	6	—	—	—	—	
Dysentery	812	34	191	153	187	47	36	142	22	
	At all ages	Under					65 and Age			
		5	5-14	15-44	45-64	over 65	Age unknown			
Meningococcal Infection			3	1	1	1	—	—	—	
Encephalitis—										
Infective			Nil							
Post-infectious			Nil							
Puerperal Pyrexia			26	—	—	26	—	—	—	
Ophthalmia Neonatorum			6	6	—	—	—	—	—	
Pemphigus			Nil							
Paratyphoid Fever			Nil							
Infective Enteritis			1,465	669	272	316	128	59	21	
Food Poisoning			147	1	—	17	4	125	—	
Salmonellosis			81	35	17	12	9	4	4	
Tuberculosis—										
Pulmonary			226	9	19	132	57	9	—	
Non-pulmonary			24	5	1	13	5	—	—	
Pneumonia			545	118	67	137	135	78	10	
Erysipelas			57	—	6	21	20	10	—	

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children. Summary of Work Done, 1957*

	No. of Patients	No. of Visits	Extractions	Fillings	Extractions	Fillings	Temporary Teeth	Permanent Teeth	Dressings	General Anaesthetics	Local Anaesthetics	Full Dentures	Partial Dentures	Denture Repairs	X-rays
St. Luke's Hospital Ante-Natal	73	226	—	—	—	28	13	6	15	71	27	11	—	2	4
Edmund Street Ante-Natal	699	1,850	—	—	1,959	530	179	56	158	595	155	72	—	13	23
Occupational Centre	11	12	15	—	10	—	—	—	11	—	—	—	—	—	—
Pre-School Children	988	500	820	50	—	—	—	3	440	—	—	—	—	—	1
Child Clinic—Day Nurseries	64	78	83	36	—	—	—	1	38	—	—	—	—	—	—
School Children	70	215	11	—	46	58	12	6	2	53	—	29	—	14	—
Totals	1,905	2,881	929	86	2,286	616	204	72	664	719	182	112	—	29	28

Table 6 *Food Premises Registered under Section 16, Food and Drugs Act, 1955, and Dairies Registered under Milk and Dairies Regulations, 1949-1954. Number of Inspections, 1957*

	Number of Number Inspections	
<i>Section 16, Food and Drugs Act, 1955</i>		
Premises used for the sale, storage or manufacture of ice cream	719	663
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats	274	297
Premises used for the preparation of fish by any process of cooking (fried fish shops)	281	344
<i>Milk and Dairies Regulations, 1949-1954</i>		
Dairies	42	321

Table 7 *Number of Food Premises by Type of Business as at 1957*

Type of Business	Number
Bakehouses	237
Butchers' Shops	419
Chemists and Druggists	129
Confectioners' Shops	455
Fish, Fruit and Game Shops	462
Grocers' Shops	1,158
Fish Friers' Shops	281
Tripe Shops	40
Sweets Shops	372
Public Houses	395
Clubs	157
Restaurants and Cafes	302
Ice Cream Manufacturers	7
Mineral Water Manufacturers	12
Wholesale Miscellaneous Food Premises	128
Industrial Canteens	138
Total	4,692

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act, 1950, applies (not included in the above table) by Type of Business, as at 1957*

Type of Business	Number
Boot Repairers and Sundries	169
China and Glassware	21
Drapers	219
Electrical and Wireless	119
Florists	37
Furnishers	142
Hardware, Ironmongery	174
Hairdressers	441
Jewellers	45
Motors, Cycles, Petrol	135
Newsagents	284
Pawnbrokers	20
Photographers	12
Tobacconists	24
Wearing Apparel	613
Wallpaper and Decorators	56
Mixed Businesses	128
Miscellaneous Trades	224
Wholesale Shops and Warehouses	170

Table 9 *Administration of the Food Hygiene Regulations 1955/6 and the Shops Act, 1950, during 1957*

Inspections	1,919
Warning letters sent ..	447
Verbal warnings	243

Summary of types of contraventions found in food and shop premises.

Structural repairs and improvements	192
Structural cleanliness	380
Ventilation	5
Wash-hand basins—provision or renewal	235
Sinks—provision or renewal	31
Hot water—provision or improvement	123
Drainage	12
Equipment, improvement of	105
Equipment, cleanliness of	47
Protection of food	104
Food storage temperatures	3
Personal cleanliness	2
Smoking in food premises	8
First Aid Equipment	91
Refuse disposal	155
Laundry reception in food shops	18
Rodent infestations	27
Other infestations	16
Sanitary conveniences—Repairs	48
Cleanliness	66
Lighting	3
Ventilation	13
Provision of additional	12
Hand-washing notices	74
Totals	1,770

Table 10 *Inspections and Contraventions under the Shops Act, 1950, during 1957*

Number of shops on register	7,237		
Total number of inspections	649		
		No. of Verbal	
Offences Ascertained	No. of Offences	No. of Verbal Warnings by Letter	Warnings Confirmed
Prescribed form relating to half holiday of assistants not displayed	8	8	—
Correct meal times not allowed to assistants	—	—	—
Half holiday not allowed to assistants	—	—	—
Notice of day of weekly half holiday not fixed	—	—	—
Shop open after closing hour on weekly half holiday	21	21	6
Notices not displayed in mixed shops on weekly half-holiday	16	16	—
Selling in places in contravention of weekly half-holiday orders	25	25	25
Shop open after closing hour fixed by Closing Order	3	3	3
Selling in places after closing hour	1	1	1
Without notice relating to seats—Form K	2	2	—
Seats not provided for female shop assistants	1	1	—
<i>Sunday Trading Restrictions</i>			
Shop open for non-exempted sales	11	5	—
Notices not displayed stating purpose for which shop open	23	23	—
Without Form VII	2	2	—
Assistants employed on more than three Sundays in a month	—	—	—
Assistants not allowed a compensatory holiday	—	—	—
<i>Young Persons</i>			
Abstract relating to young persons not displayed—Forms H and J	—	—	—
Young persons employed more than 48 hours per week	—	—	—
Young persons employed in shop after being employed in factory for permitted hours	—	—	—
Without schedule of young persons hours—Form F	—	—	—
Without overtime record—Form G	—	—	—
Young persons employed overtime in excess of yearly limit	—	—	—
Overtime worked by young persons in more than 6 weeks	—	—	—
TOTALS	113	107	38

Table II *Number of Samples Procured and Examined in 1957*

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In-			In-		
	Formal	informal	Total	Formal	informal	Total
"Appeal to cow" milks	—	6	6	—	—	—
Aspirin	—	3	3	—	—	—
Baking powder	—	3	3	—	—	—
Beef and pork brawn	—	1	1	—	—	—
Beef sausage	1	15	16	—	—	—
Biscuits	—	2	2	—	—	—
Brawn	—	1	1	—	—	—
Butter	1	8	9	—	1	1
Cheese	—	3	3	—	—	—
Cheese and eelery spread	—	1	1	—	—	—
Cheese spread	—	1	1	—	—	—
Cheese spread with onion	—	1	1	—	—	—
Cheese and tomato spread	—	1	1	—	—	—
Chocolate	—	2	2	—	—	—
Citroze	—	1	1	—	—	—
Cocoa	—	1	1	—	—	—
Codeine tablets	—	1	1	—	—	—
Coffee	—	2	2	—	—	—
Coffee and chicory essence	—	5	5	—	—	—
Cold and influenza tablets	—	1	1	—	1	1
Compound fat	—	1	1	—	—	—
Condensed milk	1	4	5	—	—	—
Cough mixture	—	1	1	—	—	—
Cream	—	2	2	—	1	1
Curry powder	—	1	1	—	—	—
Custard powder	—	2	2	—	—	—
Dates	—	3	3	—	—	—
Double cream	—	8	8	—	—	—
Egg yellow colour	—	1	1	—	—	—
Evaporated milk	—	1	1	—	—	—
Fever mixture	—	1	1	—	—	—
Fish cakes	—	4	4	—	—	—
Fish dressing	—	1	1	—	—	—
Fish paste	—	1	1	—	—	—
Foot ointment	—	1	1	—	—	—
Fresh garden peas	—	4	4	—	—	—
Fresh orange drink	—	1	1	—	—	—
Friars balsam	—	1	1	—	—	—
Fruit salad	—	1	1	—	—	—
Garden mint in vinegar	—	1	1	—	—	—
Glace cherries	—	1	1	—	—	—
Glycerine B.P.	—	1	1	—	—	—
Glycerine, lemon, honey and liquid glucose	—	1	1	—	—	—
Glycerine of thymol	—	1	1	—	—	—
Grapefruit squash	—	1	1	—	—	—
Gravy powder	—	1	1	—	—	—
Ground almonds	—	3	3	—	—	—
Ground rice	—	1	1	—	—	—
Honey	—	1	1	—	—	—
Hot chillies pickle	—	1	1	—	—	—
Hot lemon pickle	—	1	1	—	—	—
Ice cream	—	10	10	—	—	—

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In-			In-		
	Formal	formal	Total	Formal	formal	Total
Influenza mixture.. ..	—	1	1	—	—	—
Jam	—	10	10	—	—	—
Smellied pork	—	1	1	—	—	—
Smelly	—	6	6	—	—	—
Lard	—	4	4	—	—	—
Lemon cheese	—	2	2	—	—	—
Liquorice and chlorodyne tablets	—	1	1	—	—	—
Luncheon meat	—	1	1	—	—	—
Macedoine of vegetables	—	1	1	—	—	—
Malt vinegar	—	3	3	—	—	—
Malt vinegar	—	1	1	—	—	—
Mandarin oranges.. ..	—	3	3	—	—	—
Margarine	—	1	1	—	—	—
Marmalade	—	1	1	—	—	—
Meat paste (ham).. ..	—	1	1	—	—	—
Meat pie	—	1	1	—	—	—
Milk chocolate biscuit	—	1	1	—	—	—
Milk chocolate novelty	—	2	2	—	—	—
Milk of magnesia tablets.. ..	—	1	1	—	—	—
Milks	88	1,093	1,181	14	65	79
Mincemeat.. ..	—	8	8	—	—	—
Mixed vegetables	—	1	1	—	—	—
Mustard	—	3	3	—	—	—
Natural lemon juice	—	1	1	—	—	—
Oil of peppermint.. ..	—	1	1	—	—	—
Onions	—	1	1	—	—	—
Orange drink	—	4	4	—	—	—
Orange squash	—	1	1	—	—	—
Ox tongue spread.. ..	—	1	1	—	—	—
Peanut butter	—	1	1	—	—	—
Pepper	—	2	2	—	—	—
Phospherine tablets	—	1	1	—	—	—
Pickles	—	1	1	—	—	—
Pickled beetroot	—	1	1	—	—	—
Pie	—	4	4	—	—	—
Pineapple flavour curd	—	1	1	—	—	—
Pineapple juice	—	1	1	—	—	—
Potted meat	—	4	4	—	—	—
Potted meat paste	—	1	1	—	—	—
Pork pie	—	1	1	—	—	—
Pork sausage	—	15	15	—	—	—
Potted salmon	—	1	1	—	—	—
Pressed beef	—	1	1	—	—	—
Processed cheese spread	—	1	1	—	—	—
Processed peas	—	2	2	—	—	—
Pure lemon juice	—	1	1	—	—	—
Raisins	—	1	1	—	—	—
Raspberry cordial.. ..	—	1	1	—	—	—
Red cabbage	—	1	1	—	—	—
Rose hip syrup	—	1	1	—	—	—
Rum	2	—	2	—	—	—
Saccharine tablets	—	1	1	—	—	—
Salad cream	—	1	1	—	—	—
Salmon cakes	—	1	1	—	—	—
Salmon spread	—	1	1	—	—	—
Salmon with mayonnaise	—	1	1	—	—	—

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In-			In-		
	Formal	formal	Total	Formal	formal	Total
Salmon with potato salad ..	—	1	1	—	—	—
Sauce	—	3	3	—	—	—
Seed cake mixture	—	1	1	—	—	—
Self-raising flour	—	4	4	—	—	—
Shredded beef suet	—	1	1	—	—	—
Shortening (10% butter) ..	—	1	1	—	—	—
Soup	—	7	7	—	—	—
Stand pie	—	1	1	—	—	—
Sterilized cream	—	4	4	—	—	—
Suet dumpling mixture	—	2	2	—	—	—
Sugar	—	2	2	—	—	—
Stuffed pork roll	—	1	1	—	—	—
Sweetened creamed ground rice						
milk pudding	—	1	1	—	—	—
Sweetened orange juice	—	1	1	—	—	—
Sweetened rice pudding	—	1	1	—	—	—
Sweets	—	4	4	—	—	—
Table jelly	—	1	1	—	—	—
Tea	—	5	5	—	—	—
Tea cake mixture	—	1	1	—	—	—
Tomato juice	—	1	1	—	—	—
Tomato ketchup	—	2	2	—	—	—
Tongue paste	—	1	1	—	—	—
Unsweetened evaporated full						
cream milk	—	1	1	—	—	—
Vegetable salad	—	1	1	—	—	—
Vitamin B.1 yeast tablets ..	—	1	1	—	—	—
Whisky	2	—	2	—	—	—
Wind and indigestion pills ..	—	1	1	—	—	—
Xmas pudding	—	4	4	—	—	—
Zinc and castor oil cream ..	—	1	1	—	—	—

Table 12 *Feeding Stuffs Samples taken in 1957*

Cow Ration	1
Dairy Meal	1
Dairy Nuts	1
High Protein Ration	1
High Protein Milk Ration ..	1
Pig Meal No. 1	4
Pig Meal No. 2	4
Pig Fattening Meal	1
Layers Supermash	1
Layers Mash	3
Battery Layers Supermash ..	1
Battery Layers Mash	2
Growers Mash	1
Intensive Layers Mash	1
Layers Range Pellets	1
Baby Chick Food	1

Table 13 *Fertilisers Samples taken in 1957*

Bonemeal	1
Sulphate of Ammonia	1
Sulphate of Potash	1
Superphosphate of Lime ..	1

Table 14 *Meat Inspection—Carcases Inspected and Condemned, 1957*

	Cattle	Calves	Sheep	Pigs	Goats	Horses
Number killed in public abattoir ..	22,381	8,600	71,332	38,030	36	—
Number killed in private slaughter-houses	2,238	144	8,195	3,615	—	—
Total number of animals killed ..	24,619	8,744	79,527	41,645	36	—
Number of animals killed outside the city and exposed for sale in abattoir	484	—	—	2,576	—	—
Number inspected	25,103	8,744	79,527	44,221	36	—
<i>All Diseases except Tuberculosis and Cysticerci:—</i>						
Whole carcasses condemned	26	57	65	60	—	—
Carcasses of which some part or organ was condemned	5,231	25	2,700	1,379	—	—
Percentage of number inspected affected with disease other than tuberculosis and cysticerci ..	20·83	0·93	3·47	3·25	—	—
<i>Tuberculosis only:—</i>						
Whole carcasses condemned	55	1	—	19	1	—
Carcasses of which some part or organ was condemned	1,972	—	—	802	—	—
Percentage of number inspected affected with tuberculosis	8·07	0·001	—	1·85	2·77	—
<i>Cysticercosis:—</i>						
Carcasses of which some part or organ was condemned	48	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	48	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Table 15 *Whole Carcasses and Organs Condemned, 1957*

	Cattle	Calves	Sheep	Pigs	Goats
Anthrax	1	—	—	—	—
Asphyxia	—	—	—	2	—
Braxy	—	—	1	—	—
Bruising, generalised	1	—	—	—	—
Decomposition	—	—	4	3	—
Erysipelas, acute swine	—	—	—	10	—
Fevered	3	6	7	21	—
Immaturity	—	12	—	—	—
Jaundice	—	—	—	3	—
John's disease, with emaciation and oedema	2	—	—	—	—
Lymphosarcoma	—	—	—	1	—
Malignant neoplasms	1	—	—	—	—
Melanosis, generalised	—	1	—	—	—
Moribund	—	—	13	7	—
Oedema, generalised	6	12	9	3	—
Parasitic emaciation and oedema	—	—	28	—	—
Peritonitis, acute septic	2	1	2	3	—
Poliarthrititis, acute septic	—	22	—	—	—
Pyaemia	2	3	1	—	—
Sarcoma	1	—	—	—	—
Septicaemia	7	—	—	6	—
Tuberculosis	55	1	—	19	1
Uraemia	—	—	—	1	—
Totals	81	58	65	79	1

Table 16 *Partial Carcasses and Organs Condemned, 1957*

		Partial Carcase	Lungs	Heart	Stom-ach	Intes-tines	Liver	Pluck	Head
Inflammatory Conditions	Cattle	8	406	258	298	123	493	—	258
	Sheep	17	—	—	—	—	132	159	—
	Calves	4	—	—	—	12	—	14	—
	Pigs	5	—	—	—	1,190	—	432	21
Parasitic Conditions	Cattle	4	172	19	6	93	1,562	—	48
	Sheep	2	—	—	—	—	921	1,391	—
	Calves	—	—	—	—	—	—	—	—
	Pigs	—	—	—	—	—	—	140	—
Tuberculosis	Cattle	63	763	172	85	312	361	—	297
	Sheep	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—
	Pigs	32	—	—	—	106	—	276	672
Miscellaneous	Cattle	9	42	53	47	49	162	—	32
	Sheep	3	—	—	—	—	74	23	—
	Calves	—	—	—	—	—	—	18	—
	Pigs	5	—	—	—	19	—	80	25

Table 17 *Total Weight of Meat Condemned, 1957*

Home Killed

						lbs.
Beef:	whole carcasses	..	..	..	..	38,044
	part ..	..	..	..	..	7,366
Mutton:	whole carcasses	..	..	..	..	3,271
	part ..	..	..	..	..	781
Veal:	whole carcasses	..	..	..	..	2,656
	part ..	..	..	..	..	46
Pork:	whole carcasses	..	..	..	..	9,785
	part ..	..	..	..	..	1,531
	Total	..	..	..	..	63,480

Imported Meat and Meat Products

Beef	..	..	..	..	..	..	2,655
Udders	..	..	..	..	..	..	360
Mutton	..	..	..	..	..	..	108
Bacon	..	..	..	..	..	..	146
Sheep Livers	..	..	..	..	..	..	257
Beast Kidneys	..	..	..	..	..	..	228
Pig Kidneys	..	..	..	..	..	..	116
	Total	..	..	..	..	..	3,870

Weight of Offals Condemned

Beef	..	..	..	..	..	..	111,861
Mutton	..	..	..	..	..	..	12,450
Veal	..	..	..	..	..	..	752
Pork	..	..	..	..	..	..	44,402
	Total	..	..	..	..	..	169,465

The total weight of meat condemned was 236,815 lbs., that is 105 tons, 14 cwts 47 lbs. In addition, the following weight of tinned meats was condemned, 3 tons 4 cwts., 88 lbs.

Table 18 *Various Condemned Foods, 1957*

				tons	cwts.	qrs.	lbs.
Apples	..	..	..	—	—	1	12
Apricots	..	..	..	—	1	2	3
Bacon..	..	..	..	—	—	2	8
Brussels Sprouts	..	..	..	1	2	0	16
Butter	..	..	..	—	—	3	9
Cabbage	..	..	..	12	0	2	0
Cauliflower	..	..	..	—	18	2	16
Cheese	..	..	..	—	—	2	3
Continental Sausage..	..	..	..	—	2	0	12
Dried Egg Albumen..	..	..	..	—	—	—	1
Dried Fish	..	..	..	—	4	0	0
Dried Fruit	..	..	..	—	—	2	0
Fish	..	..	..	—	8	3	14
Flour	..	..	..	14	14	1	0
Fruit Cake	..	..	..	—	—	3	6
Gherkins	..	..	..	—	6	0	0
Grapes	..	..	..	—	—	—	20
Kippers	..	..	..	—	3	0	0
Lard	..	..	..	—	—	1	0
Licorice Root	..	..	..	—	—	2	0
Mushrooms	..	..	..	—	—	3	21
Onions	..	..	..	2	16	0	0
Peaches	..	..	..	—	7	0	4
Pears	..	..	..	—	1	0	8
Peas	..	..	..	3	2	3	12
Potatoes	..	..	..	1	5	2	16
Preserves	..	..	..	—	—	1	12
Sauerkraut	..	..	..	—	1	0	1
Shellfish	..	..	..	—	1	0	14
Walnuts	..	..	..	—	—	2	0
Watercress	..	..	..	—	—	—	18
Wet Fish	..	..	..	—	7	3	15
Miscellaneous	..	..	..	—	—	3	6
Total	..	..	..	38	10	3	6

Table 19 *Condemned Tinned Goods, 1957*

						No. of tins
Fruit	..	..	..	..	..	1,823
Vegetables..	..	..	..	..	..	1,674
Milk	..	..	..	..	..	472
Fish	..	..	..	..	..	247
Meat (small)	..	..	..	..	..	195
Miscellaneous	..	..	..	..	..	1,354
Total	..	..	..	..	..	5,765

(The weight of bulk tinned meat condemned is given in Table 17)

Table 20 *Particulars of Work Done by District Public Health and Housing Inspectors during 1957, with Comparative Figures for 1956*

	1956	1957
<i>Inspection of Dwellings:—</i>		
No. of houses inspected under Housing Acts	1,522	1,391
No. of houses in respect of which notices were served requiring repairs	74	29
No. of houses rendered fit after formal notice:—		
(a) by owners	43	18
(b) by L.A. on default	9	6
No. of houses rendered fit without service of formal notices ..	15	7
No. of re-visits	4,453	3,131
No. of houses let in lodgings inspected	79	60
No. of notices served—owners	8	16
occupiers	—	—
lodgers	18	5
No. of notices complied with	9	27
No. of overcrowded houses visited	3	1
No. of houses decrowded	84	88
No. of houses demolished in pursuance of demolition orders ..	14,280	9,779
No. of houses inspected under Public Health Acts		
No. of notices served requiring defects to be remedied at these houses	2,119	1,361
No. of notices complied with:—		
(a) by owners	1,477	1,011
(b) occupiers	80	123
(c) by L.A. on default	212	263
No. of houses rendered fit without service of formal notices ..	768	621
No. of revisits	20,426	19,883
No. of notices served	6	10
No. of notices complied with	2	33
<i>Inspections and Visits:—</i>		
No. of complaints investigated	4,564	3,823
No. of visits and inspections (other than dwelling houses) ..	1,085	863
No. of schools inspected	37	3
No. of graveyards inspected	92	
No. of cinemas inspected	75	9
No. of piggeries inspected	15	4
No. of offensive trade premises inspected	27	
No. of second-hand furniture and clothing shops visited ..	103	3
<i>Miscellaneous Nuisances, etc.:—</i>		
Dangerous places referred to City Engineer	93	8
Absence of or defective dustbins referred to Cleansing Department	103	10
Choked sewers and street gulleys reported	300	35
Wastes of water reported to Waterworks Department	193	12
Samples of water taken for:—		
(a) chemical analysis	263	28
(b) bacteriological examination	363	36
Premises dealt with under Prevention of Damage by Pests Act, 1949	6	1
<i>Factories and Workplaces:—</i>		
No. of factories inspected	1	
No. of workplaces inspected	—	—
No. of smoke observations	—	—

<i>Drain Testing:—</i>					1956	1957
Number of volatile tests	{	Positive ..	66	53		
		Negative ..	302	325		
Number of colour tests	{	Positive ..	366	477		
		Negative ..	1,594	2,026		
Number of smoke tests (rocket)	{	Positive ..	44	66		
		Negative ..	167	150		
Number of smoke tests (machine)	{	Positive ..	25	48		
		Negative ..	22	65		
Number of water under pressure tests	{	Positive ..	61	109		
		Negative ..	298	1,242		

Drainage and Sanitary Arrangements:—

Choked drains cleansed	764	757
Drains amended	560	595
Drains reconstructed	709	831
Extra drains provided	444	565
Cellars drained	29	16
Drains underneath houses abolished	3	7
Drainage systems intercepted from sewer	30	7
Open drain inlets trapped	39	44
Waste pipes trapped	178	194
Waste pipes disconnected	294	266
Rainwater pipes disconnected	216	192
Rainwater conductors repaired or renewed	728	492
Sinks replaced	87	88
Sink waste pipes repaired or renewed	145	149
Water closet pedestals renewed	178	59
Water closets and flushing apparatus repaired	222	112
Water closets cleansed	19	32
Water closet apartments cleansed and limewashed	73	204
W.C. apartments properly lighted and ventilated	74	65
General repairs to water closets	256	192
Additional W.C. accommodation provided	352	361
Soil pipes repaired or renewed	43	61
Privy apartments cleansed and limewashed	4	1
Privy structures abolished	17	5
Privies converted to—W.C.s	18	27
Chemical closets	1	2
Ashpits abolished and dustbins substituted therefore	2	5
Urinals cleansed, amended or screened	—	9
Urinals remodelled	—	—
New urinals provided	15	123

Dwelling Houses, etc.:—

Dampness excluded	712	494
Roofs repaired	765	441
Houses or parts cleansed and limewashed	39	57
Verminous houses disinfested	42	41
Ventilation improved	25	16
Window cords repaired or renewed	292	304
Lighting improved	20	7
General repairs executed	1,563	1,141
Cooking ranges repaired or renewed	66	47
Washing coppers provided or renewed	1	1
Handrails provided	3	3
New food stores provided and ventilated	4	17
Water supply improved	141	137
Houses supplied with city water supply	15	55
Outbuildings repaired	8	7
Septic tank and filter installations provided	1	1
Effluvium nuisance abated	32	23

<i>Courts, Back Yards, Stable Yards, etc.:—</i>								1956	1957
Yard and passage paving repaired	..	..	..	..	..	..	..	14	15
Yards re-paved	..	..	..	..	..	..	..	4	1
Yards and passages newly paved	..	..	..	..	..	..	..	—	2
Yards cleansed	..	..	..	..	..	..	..	30	42
Passages cleansed and limewashed	..	..	..	..	..	..	..	1	1
Manure pits repaired	..	..	..	..	..	..	..	—	—
Manure pits provided	..	..	..	..	..	..	..	—	1
<i>Keeping of Animals, etc.:—</i>									
Improper keeping of swine prohibited	..	..	..	..	..	..	..	1	9
Piggeries repaired	..	..	..	..	..	..	..	—	1
New piggeries provided	..	..	..	..	..	..	..	—	—
Piggeries abolished or disused	..	..	..	..	..	..	..	1	4
Improper keeping of fowls, etc., prohibited	..	..	..	..	..	..	..	9	6
Accumulations of offensive matter, etc., removed	..	..	..	..	..	..	..	94	89
Accumulations of manure removed	..	..	..	..	..	..	..	—	8

Table 21 *Factories Acts, 1937 and 1948*

Inspections for purposes of provisions as to health in 1957

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	244	151	28	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,373	619	61	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	39	4	2	1
Total	2,656	774	91	1

Cases in which defects were found

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	22	20	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	11	9	—	3	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	6	9	—	6	—
(b) Unsuitable or defective	63	38	—	8	—
(c) Not separate for sexes	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	47	40	—	21	—
Total	150	117	—	45	—

Table 22 *Summary of Work Executed in Factories and Workplaces, 1957*

Summary of Work Executed						Factories	Work-places
No. of additional W.C.s provided	..	..	..	..	..	54	26
No. of additional urinals provided	..	..	..	..	..	4	1
No. of obsolete urinals renewed	..	..	..	..	..	—	—
No. of existing conveniences provided with:—							
(1) Sufficient ventilation	..	..	..	..	..	97	—
(2) Intervening ventilated spaces	..	..	..	..	..	48	—
(3) Notices indicating sex of user	..	..	..	..	..	71	—
(4) Effective screening	..	..	..	..	..	3	—
(5) Separate approaches	..	..	..	..	..	—	—
(6) Effective lighting by day	..	..	..	..	..	—	—
(7) Effective lighting by night	..	..	..	..	..	135	—
*(8) Lavatory basins, troughs or fountains	..	..	..	..	..	57	19
No. of Conveniences in connection with which:—							
(1) (a) Top and walls were white-washed, colour-washed or otherwise cleansed	..	..	..	..	..	64	2
(b) Surfaces were painted, renewed or satisfactorily cleansed	..	..	..	..	..	90	6
(2) Sanitary fittings were repaired	..	..	..	..	..	17	—
(3) General repairs to structure were carried out	..	..	..	..	..	58	—
(4) Drains, soil pipes, ventilating shafts were repaired or renewed..	..	..	..	..	..	25	3
(5) Drains were cleansed	..	..	..	..	..	10	—
(6) Drains were amended or reconstructed	..	..	..	..	..	35	3
(7) New drains were provided	..	..	..	..	..	46	3
Drain Testing:—							
No. of colour tests — P	..	..	..	..	..	4	—
N	..	..	..	..	..	44	4
No. of volatile tests — P	..	..	..	..	..	—	—
N	..	..	..	..	..	1	—
No. of smoke tests — P	..	..	..	..	..	1	—
N	..	..	..	..	..	26	1
No. of hydraulic tests—P	..	..	..	..	..	—	—
N	..	..	..	..	..	—	—

* Enforced by H.M. Factories Inspector but incorporated in schemes supervised by Local Authority Factory Inspector.

Table 23

Factories Act, 1937, Sections 110 and 111

Number of Outworkers Engaged in Various Trades as at August 1957

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	SECTION 110		SECTION 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. ..	372	—	—	—	—	—
Household linen ..	5	—	—	—	—	—
Curtains and furniture hangings	6	—	—	—	—	—
Furniture and uphol- stery	9	—	—	—	—	—
Locks, latches and keys	1	—	—	—	—	—
Umbrellas, etc. ..	1	—	—	—	—	—
Brush making ..	1	—	—	—	—	—
Textile weaving ..	528	—	—	—	—	—
Total ..	923	—	—	—	—	—

Table 24 Atmospheric Pollution—Annual Deposits, 1947–1957
(Tons per Square Mile)

Year	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)	Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca
North							
1947	214.10	2.96	36.31	74.52	29.13	17.56	3.37
1948	166.39	3.46	23.76	38.04	21.20	16.14	1.76
1949	177.48	2.71	28.29	39.93	32.40	18.97	3.49
1950	162.97	2.07	28.31	55.42	25.21	19.85	3.49
1951	190.03	5.00	24.01	58.01	31.94	19.28	3.81
1952	181.90	2.06	25.10	54.23	30.77	18.39	3.04
1953	192.01	1.26	33.12	57.96	37.96	12.75	3.33
1954	181.70	1.81	23.70	42.02	48.06	15.72	4.19
1955	128.36	1.32	18.90	42.94	34.90	11.89	2.29
1956	155.55	1.04	16.85	34.97	41.81	12.27	3.25
1957	130.25	1.46	20.34	31.37	30.27	9.19	2.20
Central							
1947	232.00	4.25	45.41	81.11	31.20	22.11	5.26
1948	233.28	3.65	44.33	75.15	30.58	23.73	3.53
1949	222.77	2.89	37.46	60.27	38.00	24.51	4.53
1950	223.94	2.63	48.90	83.67	28.46	23.96	3.95
1951	250.08	6.35	49.03	78.57	32.60	33.13	4.68
1952	231.18	2.97	49.74	73.21	32.29	21.04	4.52
1953	194.74	1.63	39.64	61.25	32.18	16.54	4.61
1954	284.02	3.14	61.53	88.94	48.18	23.06	4.88
1955	213.90	1.69	36.96	67.49	40.31	15.20	3.70
1956	252.18	1.97	46.93	76.72	51.04	14.46	3.87
1957	290.88	2.48	72.52	87.63	45.89	15.61	3.73
Bierley Hall							
1950	142.51	2.39	24.82	41.86	22.47	19.84	3.83
1951	172.76	3.78	23.69	44.42	32.06	16.32	4.93
1952	132.17	1.78	21.48	33.33	20.39	12.47	2.93
1953	132.38	1.30	26.28	33.48	24.45	10.44	4.06
1954	153.26	2.02	25.70	33.29	33.90	14.49	3.35
1955	151.86	1.71	14.30	39.00	32.07	14.30	5.42
1956	154.37	1.12	17.78	37.94	40.23	12.20	3.94
1957	131.94	1.74	25.18	32.95	27.36	8.37	2.79
Chellow Heights							
1950	121.27	1.98	12.37	28.88	23.81	22.52	3.86
1951	143.45	3.56	10.16	27.70	27.99	17.70	7.93
1952	124.43	1.73	15.83	30.08	27.12	15.32	3.88
1953	114.65	1.36	13.99	23.34	26.53	12.04	4.08
1954	156.19	2.05	20.86	34.55	38.55	17.69	4.73
1955	143.39	1.46	19.50	27.76	35.23	15.16	2.91
1956	159.55	0.66	18.96	24.81	47.67	15.82	4.21
1957	127.05	1.18	21.31	27.55	28.64	9.73	2.72
Ambulance Depot							
1950							
(7 mths.)	455.69	3.70	162.61	240.67	15.43	12.39	2.53
1951	807.22	11.61	241.91	437.21	41.44	18.65	7.32
1952	689.49	3.98	155.38	399.56	38.44	17.59	10.88
1953	570.40	2.62	140.09	300.55	40.00	14.20	12.23
1954	766.15	4.05	199.56	412.16	50.06	42.98	10.19
1955	276.84	1.62	68.96	121.12	28.98	9.79	3.89
1956	544.05	3.23	171.10	244.92	44.98	14.36	5.19
1957	389.53	3.95	108.99	174.28	39.25	11.32	4.05

Table 25 *Atmospheric Pollution — Mean Monthly Deposits, 1957*
(Tons per Square Mile)

Station	Total Solids	Water-insoluble Matter		Ash	Water-soluble Matter		
		Soluble in CS ₂ (Tarry Matter)	Insoluble in CS ₂ (Combustible Matter)		Sulphate as SO ₄	Chlorine as Cl	Lime as Ca
North	10·85	0·12	1·69	2·61	2·35	0·76	0·18
Central	24·24	0·20	6·04	7·30	3·28	1·30	0·31
Bierley Hall	10·99	0·14	2·08	2·74	2·28	0·69	0·23
Chellow Heights	10·50	0·09	1·77	2·27	2·38	0·81	0·22
Ambulance Depot	32·46	0·33	9·08	14·52	3·22	0·94	0·33

Table 26 *Housing Acts, etc., Statistics, 1957*

HOUSES DEMOLISHED

In Clearance Areas

(1) Houses unfit for human habitation	..	..	..	..	..	252
(2) Houses included by reason of bad arrangement, etc.	..	..	..	..	..	6
(3) Houses on land acquired, under Section 27, Housing Act, 1936 (and Section 43, Housing Act, 1957)	..	..	..	..	..	28

Not on Clearance Areas

(4) As a result of formal or informal procedure under Section 11, Housing Act, 1936 (and Section 17, Housing Act, 1957)	113
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UNFIT HOUSES CLOSED

(5) Under Section 11, Housing Act, 1936, Sections 10 and 11, Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16, 17 (1) and 35, Housing Act, 1957	42
(6) Under Sections 3 (1) and 3 (2), Housing Act, 1949, and Sections 17 (3) and 26, Housing Act, 1957	..	..	..	..	Nil
(7) Parts of buildings closed under Section 12, Housing Act, 1936, and Section 18, Housing Act, 1957	..	..	..	..	Nil

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(8) After informal action by local authority	..	616
(9) After formal notice under (a) Public Health Acts	..	1,011
(b) Housing Acts, 1936 and 1957	..	18



